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ABSTRACT

This final report documents the development of a workplace literacy program for 100 employees of the Geriatric Authority of Holyoke, Massachusetts (GAH), a major nonprofit nursing home and rehabilitation facility. It describes how GAH employees received instruction in English as a Second Language, adult basic education, and General Educational Development (GED) test preparation as well as educational and career adjustment counseling, motivational sessions, and pre- and posttesting assessment. Participants averaged a 2.57-grade level increase in reading ability and measurable gains in job performance, self-esteem, job attendance, and job retention. Appendixes constituting approximately 60% of this report contain the following: counselor's report; philosophy and rationale of the project curriculum development activities; sample competency-based literacy and numeracy learning activities; report on the project professional development activities; and activity aide handbook containing vocabulary, exercises, and reading materials on the changing role of activity aides, initial visits to residents, initial assessment activity, factors in care plan development, goals, and documentation on goals. Each chapter includes vocabulary lists and exercises. Answer keys and sample resident care forms are provided. Also included is a third-party evaluation containing 22 tables summarizing trainee characteristics, trainee job characteristics, and outcome data. (MN)

ED 379 442

Geriatric Authority of Holyoke Workplace Literacy Project

Final Report
Final Evaluation Report

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UNITED STATES DEPARTMENT OF EDUCATION

OFFICE OF VOCATIONAL AND ADULT EDUCATION

NATIONAL WORKPLACE LITERACY PROGRAM

MASSACHUSETTS CAREER DEVELOPMENT INSTITUTE

IN PARTNERSHIP WITH

THE GERIATRIC AUTHORITY OF HOLYOKE, MASSACHUSETTS

1994

FINAL REPORT

PROJECTS AWARD# V198A30079-93

MASSACHUSETTS CAREER DEVELOPMENT INSTITUTE, INC.
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We appreciate the efforts of the administration and staff of the Geriatric Authority of Holyoke (GAH), Holyoke, Massachusetts, Local 1459-United Food and Commercial Workers Union - AFL-CIO, and the Massachusetts Career Development Institute (MCDI). Those who have made the project possible include, Patricia Camerota, Lorry Villemaire of MCDI, William Arcand of SABES, Mary Beth Phair, Dorothy Sidel, and Edward Brunelle of GAH, and Richard Brown of the Local 1459.

We thank Melissa Morrill and Sarah Newcomb, Program Officers at the U.S. Department of Education, for their helpful guidance throughout the project period.

NH '95

THE HISTORY OF
MASSACHUSETTS CAREER DEVELOPMENT INSTITUTE

The MCDI has a successful history of more than twenty-five years of providing upgrading and retraining coursework for employees throughout Hampden County, Massachusetts.

The MCDI, GAH and Local 1459 are currently operating a Workplace Literacy Project through the U.S. Department of Education for employees at the GAH. To date this program has enrolled 89 employees in ABE, ESL and GED classes. The goals of this project are to: improve the educational levels of the employees as measured by pre and post tests, pass the GED, enroll in a higher level educational program (Community or four year College); develop and field test workplace-specific educational curriculum; develop a replicable model for workplace literacy programs.

One hundred employees have achieved a minimum 2 grade increase, 79 of the 100 employees will continue in the program. Two have passed the Nurses' Aide Certification, 1 has enrolled in a local Community College and 8 have signed up for an LPN program. We also developed and are field testing twenty-one workplace specific curriculum booklets.

In addition, the MCDI recently completed a five year program of Workplace Education for employees at the Danaher Hand Tool Company in Springfield, Massachusetts. During this time, MCDI staff have assessed more than 200 Danaher employees and provided classes in ABE, ESL, and GED to more than 125 employees. Through this program a total of twenty students have obtained their GED and 75% of all who participated have achieved a minimum of a two grade level increase in reading and mathematics. MCDI staff have attended numerous staff development and training seminars held by the State on the issue

of Workplace Education. In addition, the State has recognized the quality of MCDI's program by awarding a contract in 1988 to develop and distribute workplace-specific curriculum. This effort has been replicated with similar programs across Massachusetts.

The experiences, lessons, and successes of the GAH and Danaher Workplace Education/Literacy programs and other companies, i.e. Digital Equipment Corporation, Massachusetts Mutual Insurance Company, Savage Arms Corporation, Atlas Copco Corporation, Inc., combined with twenty-five years of providing ABE, ESL and GED programs to more than 6,000 residents of Hampden County, demonstrate quite clearly that the MCDI has the ability, staff, and curriculum to insure the success of this model and to assist others who are committed to employee and workplace development.

OVERVIEW

Since a unanimous decision was made by supervisory staff, administration, union officials, the GAH workforce, and the MCDI to pursue continued funding for this workplace education project, we began to plan a series of new challenges based on needs expressed by the health care industry, the GAH administration, and the employees. The aforementioned comprise the GAH Project Advisory Board which meets on a monthly basis and has been the nucleus of the planning and action processes.

During this past year there have been many issues discussed, many of which, subsequently, have been planned and implemented. Again, the Advisory Board has been the entity used for ongoing planning, modification and evaluation of the project.

Curricula have been developed for use in the Activity Aide Department of the GAH. The Project Coordinator, together with the Curriculum Coordinator, has provided instruction to the personnel within the department, thus improving job performance most effectively. We discussed and planned workshops as an introduction to Total Quality Management (T.Q.M.). We planned the most efficient path to dissemination of all our curriculum and the marketing of it -- making other health care facilities aware of these models. MCDI developed program and GAH has implemented practices which impact upon inventory and ordering, and personnel selection for more efficient job performance within areas of the facility. We continually offered a flexible classroom schedule to enable us to serve all staff. We added a class from 11:30 a.m. to 12:30 p.m. for back-up and support to the Activity Aides. We also instituted classes regarding patient flow charts in an effort to minimize problems with accurate documentation. Again we provided additional classroom time for this.

In FY '94 we serviced more than 100 employees in various areas of the facility. We provided ESL, ABE, and GED training; consequently, enabling employees to enhance self-esteem and their work performance as well.

Our staff attended seminars given by the New England Applied Research Group in Continuous Quality Improvement -- specifically training in health care quality improvement! Workshops to train staff in this area were given by Dr. Lorenz J. Finison.

MCDI provided two major workshops/seminars on Team Building and Problem Solving -- two areas of major interest in the facility. Our feed back was very interesting and enlightening since staff directly applied many of these concepts to their work tasks successfully.

All our instruction was open-ended. Instructors were present from 1 to 5 p.m. and 9 p.m. to 12 a.m. Additional hours were added to serve employees in all shifts. Recruitment was a united effort with participants/employees actively discussing the positive learning atmosphere in which individuals proceeded at their own pace.

The key component in our recruitment effort was to make all employees feel comfortable by explaining the need for the upgrading programs when tied specifically to work-related skills that are directed to enhancement of job security and career advancement. MCDI emphasized the issue of confidentiality regarding educational development for all employees who participate.

The staff development that took place during this past grant award year was more than exciting and so informative. MCDI

contracted with William Arcand SABES Coordinator to organize and present staff with the following:

1. Philosophy and Mission Statements
2. Outreach and Recruitment
3. Intake and Orientation
4. Initial Assessment
5. Curriculum Development and Implementation
*6. Instruction -- very in-depth on this ("Jump Start Math" Example)
7. On-going Assessment
8. Support Referral Services
9. Evaluation

Other Components of Staff Development include:

1. Communication Skills
2. Facilitation Skills
3. ABE/GED: The entire picture
4. ESL: The entire picture
5. How Adults Learn
6. Audio/Video Taping
7. Teacher Research
8. On-site Workshops
9. Program Exchange
10. Independent Study
11. Dissemination

In summary, it is no secret that a sizeable portion of our Nation's work force lacks the basic skills required for many of today's jobs. Nearly 14 million U.S. workers read at or below the fourth grade level - a level that is insufficient for 85 percent of the reading requirements on the job. The solution to this critical problem lies both with the individual who can't add or read and in the workplace as a whole.

We offered the following strategies for maintaining self-esteem as well as job success at our workplace education site:

1. The program was voluntary.

2. Classes were held on-site.
3. A sensitive approach to recognizing learning problems was provided.
4. Those who sign up to attend were allowed to sit in on at least two classes and to interview the Coordinator/Supervisor to learn more about the course before rendering a final commitment.
5. The instructor did not have a need to be in charge of a classroom and recognized that all participants are both learners and teachers.
6. The group's strengths were used extensively as part of the learning environment.
7. The learners were challenged on an adult level.
8. Grades were not used which helped to reaffirm the learning process in a positive manner.

We have identified the aforementioned strategies as integral to successful workplace education programs.

GERIATRIC AUTHORITY OF HOLYOKE

THE EMPLOYER'S REPORT

The Geriatric Authority of Holyoke (GAH) is a public, non-profit health care provider offering services which include long-term care, physical rehabilitation, transportation, adult day health care, and alzheimer's information and referral. The GAH employs approximately 340 individuals which translates to about 260 full-time employees. The largest number of staff is employed as Dietary Aides, House-keepers, Laundry Workers, Activity Aides, and Certified Nurses' Aides.

The contract year ending November 30, 1994, was the fourth year in which we have experienced severe financial cuts due to our

reliance on public funds (Medicare/Medicaid). The year also was notable for the increased complexity of documentation, and even more technical enforcement of regulatory requirements under Federal OBRA legislation. We saw dramatic increases in documentation requirements for all nursing staff, social services and our activity department. The Workplace Education Program provided invaluable educational support to facilitate the re-education of staff necessary to meet this challenge. The employees who needed to be retrained come from a wide range of educational backgrounds, and it would have been very difficult for us to meet these needs without the curriculum developed by the program.

Educational development with the nursing department employees continued to take place in a classroom setting. In keeping with MCDI's determination to identify a variety of educational models, a total program was developed which transitioned the staff in the Activities' Department from list checkers to competent progress report narrators. The impact on the efficiency of the department has been felt with the benefits resulting in more effective and efficient patient care. We were very excited about conducting this type of training in our Activity Department this year and are extremely pleased with the results.

It is important to note that payments for patient care have become documentation-based in long-term care over the last four years. Staff who were previously able to function on an eighth grade level are currently spending one to three hours of their day developing patient documentation. Without the increase in reading and writing skills fostered by the Workplace Education Program, we would suffer additional financial losses that could seriously hinder our ability to operate.

Naturally, the self-esteem generated by skill building reflects positively in the work performance of our staff. Our turnover, which has dropped dramatically in the past three years, continues to remain at a satisfactory level and we continue to have increased numbers of staff participating in further education in the health care field. This can only help us to deal with the challenges that are certainly ahead in the national quest for health care reform.

The cooperative partnership is certainly crucial to the success of this effort. As the business partner, we recognize the need for support from the union. The expertise of our educational partner, Massachusetts Career Development Institute, is the foundation of this successful effort. Without their years of experience in the areas of ESL, Basic Education, Curriculum Development, and Workplace Education, we would still be in the fledgling stages of a Workplace Education Program. Together, on a daily basis, we are meeting the educational needs of our staff basis. We look forward to working together in this next contract year to provide quality care to our clients in the changing health care environment.

PROGRAM FACTORS

The Geriatric Authority of Holyoke (GAH) is a public, not-for-profit nursing home facility located in Holyoke, Massachusetts. The majority of GAH employees are residents of Holyoke. Holyoke is a city with a population of 41,000 of which 27% are Hispanic, 3% are African American, and 6% are Asian American. There are approximately 16,000 households of which approximately 25% are receiving public assistance. Of the 3,750 families receiving AFDC 72% are of Hispanic origin.

The Hispanic and South East Asian populations presently comprise 60% of the total enrollment in the Holyoke Public Schools. Of this number more than one third are limited English speaking.

The Holyoke Public Secondary School System presently is experiencing a dropout rate that hovers around 50%.

The projections are that the GAH will have to draw increasingly from a pool of candidates who are undereducated and present ever increasing language and cultural barriers. Recognizing this reality the GAH is determined to develop and institutionalize a Workplace Literacy Program which will empower staff to provide optimum patient care.

The Massachusetts Department of Education defines the term functional literacy as the ability "to read, write, comprehend, compute, problem solve, think critically, and communicate in English well enough to execute individual responsibilities as family members, employees and citizens".

The definition, when applied to a health care facility, demands that all employees, at a minimum, must be functionally literate. The Geriatric Authority of Holyoke deals with life and death issues on a routine basis. Nursing Assistants, who provide first line direct patient care, must with accuracy and consistency be able to think clearly and critically, prioritize tasks, and solve problems relating to the care of individual patients. A meal tray assembled improperly by a dietary worker could have fatal results. If a worker can not read or understand instructions clearly, the result could be harmful to the worker, fellow employees, and/or patients and costly to the institution.

The GAH employs 350 individuals who provide a range of service programs for the elderly. The employees are 84% female and 43% are not high school graduates. Approximately 46% are earning less than $9.00 per hour, 71% have been employed more than two years and a growing number (34% of those hired in the past year) do not speak English as their primary language.

Signs of low educational levels are evident in the existing workforce as well as in the applicant pool. The lowest functional reading level acceptable is the ability to match words, i.e. a laundry worker who matches a name tag on clothing with the same name on a storage rack. This employee will have no mobility from this position unless he/she develops reading abilities. Similarly, those with limited conversational English skills are restricted to entry-level routine jobs in which they are not required to understand complex instructions.

There are several problems presented by the employee who possesses inadequate basic skills. The first is a lack of ability to communicate effectively with one's supervisors, other GAH personnel, visitors or patients. This communication problem can be the inability to speak and understand oral English and/or the skill to interpret written instructions, directions, or procedures. Due to labor market conditions, the GAH is forced to consider hiring more individuals whose primary language is not English. This results in several problems for the efficient operation of the facility arising out of the language difficulty and cultural conflicts. These conflicts can cause tension within the institution and between the institution and the patient and the family.

Another set of problems is posed by the English speaking worker who has, to date, successfully masked educational deficiencies. This person has been able to cover the inability to read effectively. The supervisor may not be aware of this deficiency and assumes that the employee is careless or incompetent when erring in completing tasks or following assignments. These employees also suffer from a lack of self-confidence and possess low self-esteem. This self-doubt results in the individual being intimidated and unable to respond when required to make timely, critical decisions.

The necessity for upgrading educational levels of GAH staff is clear. A primary goal of the GAH is employee retention to insure continuity of care to the patients. The overwhelming personal responsibilities of staff, especially those single heads of household, dictate the need for upward mobility within the workforce. The opportunities for advancement are primarily to direct patient care areas and supervisory positions. In these positions comprehension of written and spoken English is mandatory together with problem solving and organization skills needed to insure sage, high quality patient care.

Additionally, the Massachusetts Nurses' Aides Training Act requires all nurses' aides to pass a standardized written test. It is given in English only, and has a middle grade reading level. Considerable anxiety exists among long term employees who face losing their occupation if they fail this exam.

The MCDI provided each program participant access to individualized learning programs to enhance development of basic skills to enable the employee to perform present job duties more effectively and to provide the foundation for career advancement. The GAH and the Union outlined the functional skills required for each class of jobs in the GAH structure. The MCDI tailored learning experiences for these identified functional skills. These skills might appear to be traditional Adult Basic Education skills but they are required by the employer to provide efficient patient care. All educational objectives have been developed around their specific applications in the GAH environment. Language development will focused on job related terminology and comprehension tasks; math skills reflected solutions directly applicable to tasks required to be accomplished by the health care worker.

All educational services were offered on-site in classrooms provided by the GAH, which eliminated transportation problems.

One-half of the scheduled classroom time was paid release time by the employer. The MCDI provided on-site counseling services to all participants in the program.

The partners for this effort GAH, United Food and Commercial Workers Union Local 1459, AFL-CIO which represents 6,000 workers in Western Massachusetts and 225 employees at the GAH, and the MCDI continued their mutual commitment by providing workers with the skills that more nearly certainly insure an effective, stable, upwardly mobile workforce.

All project partners were involved on an ongoing basis in the planning, development, implementation, monitoring, and ongoing improvement of this program to insure relevance to the workplace and replicability at other sites.

EXTENT OF THE NEED FOR THE PROJECT

GAH staff educational needs were divided into two groups. There were a number of people functioning at very low levels who required ESL and/or ABE in order to move in any direction within the organization. A good example would be a laundry worker who aspires to be a nurses' aide. Secondly, there were a number of nurses' aides who wished to attend LPN or RN training programs but lack high school diplomas. This latter group benefitted from a GED program that would enable some to attend LPN or RN programs, while working part time and taking advantage of the GAH tuition reimbursement program. An ongoing GAH commitment to retrain staff guarantees these newly licensed nurses positions within the GAH at wage increases of $4.00 to $6.50 per hour.

The following demographic information describes the 350 employees of the GAH, a public not-for-profit agency serving the elderly of the Greater Holyoke community:

WORK ATTACHMENT: 14% employed 10-30 years; 16% employed 5-9 years; 29% employed 2-4 years; 12% employed 1-2 years; 29% employed less than 1 year.

OCCUPATIONS: 3% Administrative; 18% Supervisory (includes RN's and LPN's); 6% Clerical Support; 4% Technical and Professional Support; 68% Direct Service.

WAGE LEVELS: 34% $10.00 per hour; 30% $8.00 - $9.99 per hour; 25% $7.00 - $7.99 per hour; 11% - $6.00 - $6.99 per hour.

EDUCATIONAL LEVEL: 16% 3 years beyond high school (includes RN's); 11% 1-2 years beyond high school (includes LPN's), 30% completed high school; 43% less than high school education.

SKILL LEVEL: 68% currently in positions not requiring education beyond high school; 6% currently in positions specifically requiring high school diplomas; 20% currently in positions requiring schooling beyond high school, but less than a 4 year degree (includes LPN's and RN's); 5% 4 year degree or higher required.

SEX: 84% Female; 16% Male.

AGE: (16 - 77 years)

5% over 60 years; 14% 50-60 years of age; 20% 40-50 years of age; 23% 30-40 years of age; 30% 20-30 years of age; 8% under 20 years of age.

(please note: some categories not 100% due to rounding)

ENGLISH SPEAKING ABILITY:

Twenty percent of the current workforce is Hispanic. This is the fastest growing segment of the workforce and reflects 30% of the employees hired in the past year. English speaking ability varies widely in this group from complete fluency to basic conversation levels with minimal ability to read or write. Low levels of written and verbal English are definite barriers to advancement.

The largest group of employees is nurses' aides. They comprise 35% of the workforce. Maintaining their current status requires

passing the State Nurses' Aide exam; advancement for them is to become LPN's or RN's, positions requiring one to four years of education beyond high school. Approximately 50% of them are not high school graduates and they must remove this barrier to advancement before they can consider attempting an LPN or RN program.

Based upon these data it was estimated that 45% or 158 members of the GAH workforce required a program of ABE, ESL or GED to upgrade their skills and improve their prospects for promotional opportunities. The majority of program participants enrolled from the following segments of the workforce: 1. nurses' aides; 2. kitchen staff; and 3. laundry staff.

The commitment of the GAH to upgrading the educational skills of its workforce is evidenced by a tuition reimbursement program included in the collective bargaining agreement and an on-going agreement with Dean Vocational School for continuing education programs particularly in the area of advanced nursing skills.

The GAH derived three direct benefits from this program:
1. Improved patient care resulting from a better educated workforce; 2. Reduced turnover because of access to promotional opportunities that require higher educational levels than presently possessed by staff; and 3. Increased confidence and self-esteem levels by staff educated through the program which translate to more positive attitudes with the patients and greater ability to participate in the overall mission of the institution.

QUALITY OF TRAINING

The MCDI has a history or more than twenty four years of providing educational services to adults throughout Hampden County. All of the curricula used, whether locally developed, commercial text or Computer Assisted Instruction, is directly

related to the workplace and selected or developed with a sensitive respect for the unique needs of the adult learner. Our skill in this area has been recognized by the Massachusetts Department of Education which requested MCDI to develop and distribute workplace specific curriculum which, in turn, has been implemented at several sites.

MCDI staff continually met with GAH staff to ascertain the functional competencies required by various job categories. Based on these functional competencies MCDI developed learning objectives that presented basic skills acquisition in a framework directly applicable to the GAH workplace, i.e. vocabulary development is facility related and is designed also to meet the needs of the adult learner.

All students were assessed to determine their academic functional skills levels, self-esteem level and their career goals. These data provided the MCDI counselor baseline information to assist the GAH employee in developing an individualized educational plan that outlined the goals of the learner and the interim steps to attain them. These steps included specific learning objectives, obtaining a GED, and supportive services. The IEP is the program outline and can be modified at any point based on the progress of the adult learner or his/her newly identified needs.

MCDI, as an educational provider and grantee, is affiliated with the Springfield Public School (LEA) and has been the recipient of several grants and contracts from the Massachusetts Department of Education and the U.S. Department of Labor. MCDI educators, assessment specialists, counselors and administrative staff provided direct services to GAH employees.

MCDI's educational programs are provided in a sequential, competency based format. In order for the learner to continue

on to his/her next planned learning objective, he/she must display mastery of the material. If not mastered, other methods are employed by the educator to assist the learner to achieve success. These strategies include small group instruction, one-on-one instruction, technology assisted learning, drill and practice, etc. Each objective has several alternatives to present the material.

For the past year the MCDI has operated a National Workplace Literacy Demonstration Project at the Geriatric Authority of Holyoke for the United States Department of Education. This project has been extremely successful in terms of achieving enrollment and educational outcome results, increasing the involvement of the staff, supervisors, administrators and union at the GAH, and the community as a whole in the development of a workplace literacy project, and in developing and field testing twenty one workplace specific curriculum modules/workbooks.

PLAN OF OPERATION

The Massachusetts Career Development Institute, Inc. in conjunction with the Geriatric Authority of Holyoke (GAH) and Local 1459, United Food and Commercial Food Workers Union, AFL-CIO, proposed to provide a replicable program model for on-site workplace education to upgrade the basic literacy and analytical skills of employees in the health care industry.

This project provided educational development skills to 100 GAH employees. This program provided Adult Basic Education, English as a Second Language and High School Equivalency (GED) services in concert with workplace requirements and enabled GAH employees to retain their jobs and enhance their prospects of upward mobility.

PROJECT OBJECTIVES

1. Provide educational services to 100 GAH employees during the contract period.
2. Assess all GAH employees interested in participating in the program during the first two weeks of program opera-tion.
3. Provide each ABE or ESL participant a set of educational experiences that allow 75% of them to demonstrate a two grade level increase in basic reading and math skills.
4. Provide each GED participant educational experiences to ensure that 85% of those who take the GED exam will pass it.
5. Provide appropriate educational experiences to program participants that result in 85% of those individuals taking the State Nurses' Aide Licensing exam will pass it.
6. Demonstrate that at least 85% of the individuals participating in the project have an improved level of self-esteem.
7. Demonstrate improvement in productivity and/or quality of work by a minimum of 85% of those individuals participating in this program.
8. At least 85% of the participants indicate by survey, increased: self-esteem, motivation, interest in a career, improvement in workplace literacy skills and satisfaction with the educational programs.
9. Develop a successful model of Workplace Literacy Education to be replicated locally or in other areas of the Nation.

The Advisory Board meetings were the vehicle utilized for ongoing planning, modification and evaluation of this project. The meetings were attended by M.C.D.I. staff and administration, GAH's personnel and executive directors, business representative from Local 1459, United Food and Commercial Workers Union, employees and supervisory personnel. Issues discussed were paid release time for participants, recruitment/outreach, testing, selection, curriculum design, the role of management in planning, designing, implementing and monitoring the program. Particular emphasis was on methods to approach sensitively the issues of literacy and confidentiality. Additional issues which continued to be discussed included confidentiality, times, days and locations of classes and recruitment.

Meetings also included the independent evaluator as an observer of the planning and implementation process. The GAH In-Service Coordinator worked closely with MCDI staff on curriculum development and coordination of Advisory Board meetings. The Advisory Board meetings have been very successful and have made all partners feel informed and involved in the program.

PROGRAM DESIGN

The MCDI, as grant recipient, provided GAH a program of on-site workplace education. This program included ABE, ESL, and GED educational units that provided an opportunity for 100 employees to retain their jobs or access avenues that lead to upward mobility within the GAH. Based on our experience in previous workplace education programs we incorporated two critical elements from our "lessons learned".

1. This program offered a minimum of 200 hours of instruction, much more than the average ABE model. While it can be anticipated that some participants achieved a two grade level upgrade in fewer than 200 hours, it was the recommendation of demonstration project staff and

participants to increase the hours of instruction since learning retention was an issue.

2. An oversight committee, consisting of representatives from MCDI, GAH management, union, and the program evaluator was established to monitor the program on a monthly basis in order to address potential problems in a timely and effective manner.

These additions served the following purposes:

1. Made the program stronger and more responsive than the typical Adult Basic Education/Workplace Literacy model.
2. Made this program more effective in terms of: increasing the involvement of labor and management in the design, implementation and monitoring of this program; and meeting the goals of the workplace education initiative.

Based upon data provided by the GAH Personnel Office, it was estimated that approximately 158 employees were functioning at levels which could be addressed by this program. With assistance and support from the union and workforce supervisors, a broad recruitment effort was implemented to publicize the program to the entire workforce and to attract the maximum number of participants. MCDI assisted in the outreach effort and provided assessment and ongoing counseling. Instruction was provided in ABE/ESL and GED preparation. All instructional programs and curricula integrated workplace specific terminology so the participants could better relate what they were learning to their daily jobs. As part of the planning process for this program, MCDI staff attended a seminar held by the Massachusetts Long Term Care Foundation, "ESL - Helping Employees to Learn". This seminar discussed more than 1,000 words which are directly pertinent to nursing home employees in the performance of their jobs. MCDI staff worked with the GAH in-service coordinator to incorporate this material into the curriculum.

The program was structured in a flexible, open-ended learning lab environment for Adult Basic Education. The program was structured, sequential and individualized as appropriate for adult participants.

Individualized Educational Plans (IEP's) were developed for each participant by MCDI staff based on assessment results and criteria outlined by GAH management and the union in an effort to establish the learner's sequence of instructional activities.

Instructors provided private learning time mixed with group discussion and teaching, resulting in a most positive learning atmosphere for adults. This program was designed so that each participant had an individualized learning plan so that he/she could proceed at one's own pace, without undue peer pressure.

Classes consisted of 15-20 students, and met twice each week for fifty two weeks. Class meeting times were between the hours of 1:00 - 5:00 p.m. and 9:00 p.m. - 12:00 a.m. in order to facilitate participation by all members of the workforce. Of the four hours of instruction provided to all participants each week, two were through a process of paid release time during normal working hours and two were on each employee's own time. All participants had available a minimum of 200 hours of instruction.

OUTREACH AND RECRUITMENT

Recruitment strategies developed during the planning meetings were implemented through staff meetings, surveys of all employees, monthly GAH newsletters and flyers distributed with paychecks, a letter from Local 1459 to all members, and small group orientation meetings conducted by union, MCDI and GAH staff. Since the inception of the current GAH project word of mouth has become a key recruitment strategy. As employees enrolled in the program and supervisors recognized the value of

the educational improvement of the employees, additional employees were enrolled in the classes with greater facility. The fact that classes were held on-site at the GAH during working hours in an easily accessible location also assisted in the recruitment effort.

In addition a ceremony held at the GAH to recognize 80+ employees who participated in the program resulted in increased enrollments for the project. This ceremony attended by employees/students and family members, staff and administration from the GAH, MCDI and Local 1459, and local elected and public officials, including Holyoke Mayor Hamilton, received extensive publicity in and around Holyoke and had a very positive impact on the program. There is a growing awareness among the employees and supervisors of the value of workplace education toward attaining the GED, grade level improvement, college preparation and upward career/employment mobility. GAH supervisors and administrators have noticed an improvement in employee confidence and productivity as a result of the educational improvements of employees enrolled in the project.

The key component in the outreach and recruitment effort was to make all employees feel comfortable by explaining the need for the importance of upgrading programs which are tied specifically to work related skills and can enhance job security and career advancement. We emphasized the positive aspects of confidentiality and promotional opportunities while discussing the sensitive issue of literacy.

ASSESSMENT

The initial assessment involved a complete testing procedure for all interested employees. This was done on an ongoing basis until enrollment goals were met, and was conducted on-site at the GAH. An Assessment Coordinator directed the testing, compiled the results and set individual counseling sessions with

each participant. He was assisted by a bilingual assessment specialist. The following assessment instruments were utilized:

TEST OF ADULT BASIC EDUCATION (TABE)

The Test of Adult Basic Education is designed to measure achievement in reading, mathematics and language. The counselor utilized these test results to obtain pre-instructional information on the client's abilities in these three basic academic areas, to identity areas of academic weaknesses and to function as a basis for preparing an individualized program adapted to the client's needs. This was the instrument used as pre and post test for measuring participant achievement.

MATHEMATICS BATTERY

The major objective of the mathematics battery is to assist the student and the assessment staff in determining the present level of mathematics capability. Areas covered include addition, substraction, multiplication and division of whole numbers, fractions and decimals. There are fifteen word problems covering a variety of areas and ten measurement problems.

BASIC ENGLISH SKILLS TEST (BEST)

The BEST is a test of elementary listening comprehension, speaking, reading, and writing. It is intended for use with limited-English-speaking adults for whom information on the attainment of basic functional language skills is needed. This test provides information that is useful in placing students at the appropriate level and planning learning activities for a student.

INTAKE

Upon development of the assessment profiles, meetings took place between the assessment counselor, instructors, GAH management, union and workforce representatives to prioritize those

participants who entered the program based upon the employee's identified needs and union contract parameters. A waiting list of possible program participants was also developed. Participant selection was consistent with the GAH affirmative action policy. It was at this stage that counseling from MCDI staff and peer support from co-workers was incorporated in the program to emphasize the positive aspects of the program in terms of career opportunities.

INDIVIDUAL EDUCATION PLANS (IEP)

When an employee was selected for a class a counselor from the MCDI developed an IEP that outlined the employee's goals, based on educational achievement, and a series of educational activities and experiences that were designed to raise performance a minimum of two grade levels in math and reading, or assisting the learner to attain individual goals.

THE LEARNING LAB

The Learning Lab complemented and supplemented the instructor's curriculum materials and provided an opportunity to focus on individual learning needs. Furthermore, it assisted the participant to achieve performance objectives where previous educational methods might have failed. All curriculum integrated workplace specific terminology and vocabulary as a key component.

Utilizing the Learning Lab approach had many advantages. Since each participant learns in a different way and at a different rate, the Learning Lab provided the instructor with a means of measuring the growth in the participant's abilities and development. By giving the participant a new interest in learning, it made it possible for the instructor and participant to move ahead or repeat curriculum materials as individual needs arose and, yet, retained sense of continuity in the regular classroom setting.

ENGLISH AS A SECOND LANGUAGE

Participants whose native language is not English benefit from the Learning Lab which provided assistance in the development of English as a Second Language. They required listening and communication skills before successfully achieving their goals and functioning in an English speaking environment. Utilizing the audio-visual equipment the participant learns to develop correct pronunciation, syntax and speech patterns. Furthermore, because audio-visual equipment deviates from standard instructional procedures and emphasizes individualized learning, the participant was motivated to learn, practice and review the fundamentals of English at his/her own rate.

ADULT BASIC EDUCATION (ABE)

The MCDI Adult Basic Education program was designed to provide individualized learning to those participants who needed to develop, improve and/or reinforce the basic skills of reading, language and mathematics. When the participant began his/her ABE program, he/she was evaluated to determine areas of strength and areas of concentration. Based on the results of assessments, a course of study was determined. The number of weeks to develop basic education skills and to achieve goals was contingent upon the needs, aptitudes and rate of learning of the individual student.

During this aspect of the program, strong emphasis was placed on attitudinal and behavioral development along with classroom training. It is the objective of the ABE program to assist the participant in developing positive attributes that result in successful job retention and career mobility. The participant was expected to demonstrate progress in the following areas:

1. Improve specific reading skills necessary to function successfully in occupational areas and to strengthen opportunities for future upward mobility in employment

situations.

2. Improve mathematical skills.
3. Develop and improve vocabulary skills.
4. Improve pronunciation and listening skills.
5. Improve reading comprehension and language skills.
6. Improve and/or reinforce phonetical skills.
7. Improve writing skills.

HIGH SCHOOL EQUIVALENCY (GED)

For those employees with higher level academic skills a GED preparatory program was provided. The purpose of the GED program is to prepare students to take and pass the High School Equivalency Test in order to be qualified for promotional opportunities and career advancement. Lectures and class discussion focused on concepts, ideas and intellectual skills comparable to the objectives of a high school diploma. Periodic and regular testing in the areas of English grammar, literature, sciences, reading, mathematics, writing and social studies measured each student's preparedness to accomplish successfully the battery of tests inherent in the GED.

THE CLASSROOM AT GAH

The academic classroom is similar to a learning laboratory where we have been able to teach under the umbrella of "how we can do our jobs more efficiently and effectively."

The academic remediation program consisted of Adult Basic Education, English as a Second Language, and the High School Equivalency (GED). The ABE classes involved the student in an individualized program of study for general academic development and remediation. The learning environment afforded a tutorial atmosphere with prescriptive learning as an education direction.

The English as a Second Language program provided non-English speaking participants with sufficient English language and

reading/writing skills to accept occupational skills training and direction on the job. Participants with language deficiencies were placed into a conversation class for at least one hour throughout their participation. The conversation classes were group directed and allowed the participant to interface with others from different cultures, backgrounds, and academic potentials.

The GED preparation involved a more traditional classroom setting with lectures followed by testing assignments which measure the competency of understanding. The guiding principle for the GED tests is the emphasis focusing on the major generalization concepts, ideas, and intellectual skills that are the desirable long term objective of high school education.

The GED preparation class was divided into two segments: a lecture by the instructor and individualized study time spent by the participant. The lecture included explanations of skills, concepts, and ideas. Competency testing materials, where these skills are applied, were completed during the remainder of the class.

One of the most important features of the GED program was the inclusion of reading comprehension and vocabulary skills in the social studies, science, and literacy sections of the curriculum. It is recognized that the mastery of reading skills is equally important to, if not more important than, mastery of subject matter. For this reason, the teacher established reading skills as a priority over subject matter. Reading skills were tested from selected reading passages pertaining to either social studies, science, or literature.

The mathematics component of the GED program involved a presentation of material ranging from basic computational

operations to the elements of algebra and geometric function.

We taught in these three academic areas to enhance self-esteem and performance in the workplace. We have included a list of text books and materials used to enhance our teaching. Written job-related curriculum was developed for the benefit of each employee, thus helping them in their particular area of the GAH.

Our participants completed the program with the following:

- increased self confidence
- improved word attack skills
- improved reading comprehension
- improved reference skills
- improved math skills
- increased confidence in written expression skills
- improved verbal skills
- improved self sufficiency
- heightened job performance

TEXTS

Globe - Basic Vocabulary Skills
Sentence Sense
Improving Communications
GED Studies - Cambridge & Steck Vaughn
Graded Exercises in English
Basic Skills in Math - Decimals/Percents/Fractions
Reading in Focus
Punctuation - A Programmed Approach
Cambridge - Pre-GED Series
Teaching Adults to Write Essays

REFERENCES & READINGS

The Bottom Line - Basic Skills in the Workplace
Teaching ESL to Adults
Literacy at Work

Basic Skills for the Workplace
How to Teach Adults
The Confident Learner
Cultural Encounters

SUPPORT SERVICES

The MCDI provided on-going, confidential educational and career counseling. In support of this function, peer counseling was identified to provide daily support for all program participants in order to deal with actual and potential problems in a timely and effective manner and to emphasize the positive aspects of this program in terms of development of transferable skills and enhancement of career opportunities. The counselor was available for the duration of the program.

COUNSELOR'S REPORT

Each student prior to entering a program was assessed by taking the Test of Adult Basic Education (TABE). Upon completion of the testing and orientation they met with a counselor and discussed the results of the testing process. At this time their goals were discussed and together with the counselor they built an educational plan that was specifically designed to suit their needs. The student together with the counselor formulated short-term as well as long-range goals they wished to achieve. They would not be limited to goals of an educational nature only but were encouraged to feel free to incorporate into their plan professional or personal goals as well, which relate to their job and personal well-being.

Once a student entered the educational component they completed the Tennessee Self Concept Scale. They completed this again at the close of their program so a determination could be made as to any increases in self-esteem. Their supervisors also completed a questionnaire as to the differences in their work habits and attitudes, and these results were cross-referenced

with the self-esteem scale to note any further changes.

The educational plan that was designed included specific interim goals leading to the final outcomes the student wished to achieve. It also included supportive services that were required. These included, but were not limited to, additional counseling, tutoring, day care concerns, transportation concerns, career goals, and English as a Second Language instruction.

At any point during a program modifications could be made to any part of the educational and supportive service plan. These changes would be made by the counselor along with the student. All modifications would be done in writing. (Appendix A)

CURRICULUM DEVELOPMENT PLAN

The State of Massachusetts requires that candidates preparing for a license as a Nurses' Aide be knowledgeable of and have experience in twenty seven basic nursing skills. To date, in the GAH project, twenty one of these skills have been creatively developed into seventeen job-related employee workbooks. There are six remaining skills yet to be written. In addition, other job specific curriculum was developed through the continuation of this project.

Each booklet averages fifteen pages of original writing along with 15% of supplementary educational materials (videos and readings) suggested by the GAH nursing consultant. Workbooks developed to date are being field tested by approximately sixty five employees. Over the next several months, all workbooks will be edited, revised and properly sequenced. Feedback for editing came from employees utilizing the workbooks, the instructor, GAH training coordinators and supervisors, and the MCDI project coordinator. Monthly Advisory Board meetings evaluate the direction and development of the program.

The impact of the workbooks being field tested has been extremely positive to the extent that many of the licensed nursing staff have requested their own workbooks and wished to become part of the project. As a result of this request, a unique curriculum is being developed for this new group of nurses' aides which includes Alzheimer's Disease, Stress Management, Ethical Issues, Employment Professionalism, and Medical Forms Documentation. Several of these booklets are in the process of being developed. The instructor counseled the employee to do independent study and attend workshops. It is also anticipated that a number of new curriculum booklets will be developed focusing on patient/employee interaction. (Appendix B)

DISSEMINATION PLAN

As required, the final performance report, the final external evaluation report, and any products of this demonstration project have been forwarded to: 1. The Clearinghouse of Adult Education and Literacy, U.S. Department of Education; 2. ERIC Clearinghouse on Adult, Career and Vocational Education, Center on Education and Training for Employment; and 3. The National Network for Curriculum Coordination in Vocational and Technical Education Northeast (NE) Curriculum Coordination Center, Division of Vocational Education, New Jersey State Department of Education. We have also subscribed to the Outreach and Technical Assistance Network (OTAN) for the purpose of communication linkages, technical assistance, staff training and information to adult education providers.

STAFF DEVELOPMENT

Staff development for this program consisted of two inter-related components: 1. The GAH In-Service Coordinator provided on-site staff development at the GAH for MCDI staff to familiarize them with job related terminologies and functional responsibilities; 2. MCDI contracted with a local organization

to provide staff development training pertinent to outreach, recruitment, assessment, curriculum development, ABE/ESL/GED instruction, and various other issues and how they pertain directly to the workplace. An additional topic was sensitive to the issue of literacy/illiteracy and the valuing of diversity in the workplace and classroom.

In addition, a member of our staff has been certified as a staff development trainer by the Western Massachusetts SABES (System of Adult Basic Education Support) Center. She provided additional in-house staff development activities to support those provided by the outside contractor. (Appendix C)

PROGRAM MANAGEMENT

The MCDI Program Director directed all instructional, assessment, counseling, workshop activities, and met with the MCDI program coordinator and all staff on a weekly basis. The MCDI program coordinator/ABE instructor oversaw and coordinated all schedules, classroom activities, testing and daily program components, as well as work with the GAH in-service coordinator to review curriculum and refine it as needed. She reported to the Director on a regular basis to discuss the program as to strengths and weaknesses. Instructional and support staff reported to the program coordinator. The GAH in-service coordinator was responsible for working with GAH representatives and they reported to her as the program contact person. She in turn worked closely with the MCDI program coordinator to address all problems and issues.

All instructors and the counselor maintained accurate records of each participant's progress on a weekly basis and discussed these reports with the program coordinator on a bi-weekly basis. Progress was measured through GAH objectives and individual IEP's with a two grade increase minimum, or attainment of GED.

MCDI faculty possess a broad spectrum of technical and educational experience as well as formal degrees in education or related fields. All possess many years of experience providing educational training. An aggressive staff development program ensures that MCDI staff are kept abreast of new trends in teaching. MCDI administration represent a combined total of more than 41 years experience in the management and supervision of employment and training and remedial education programs. Throughout the Institute there are many staff members who are bi-lingual and/or bi-cultural representing South America and Puerto Rico. The MCDI is an Equal Opportunity Employer.

This initiative at GAH was overseen and monitored by an advisory board consisting of representatives from MCDI, GAH management, the Union, and the workforce. This advisory board developed and finalized plans and decision regarding this program.

SUMMARY

The Workplace Education Program at the Geriatric Authority of Holyoke (GAH) has again served the needs of its participants and achieved its goals and objectives during the established timeframe of this grant period.

Clearly, the needs are great. Nearly half the adults nationwide - or 100 million persons aged 16 and older - perform at the lowest levels of literacy. These individuals appear to be most at risk in our society, where literacy is a key to opportunity. The health care industry in the United States has been facing a shortage of workers to fill professional positions. There is a large pool of non-professional health care workers interested in advancing to Nurses' Aide, LPN, or Registered Nurse. Many hold equivalencies and diplomas and could enter programs to prepare for jobs but have been excluded because of limited literacy skills. This Workplace Education Program has afforded the

employees and the management of the GAH to bring literacy levels to greater skill capacities. The self-esteem generated by skill building reflects positively in the work performance of the staff.

GOALS/OBJECTIVES FOR 1994-95

1. Provide each ABE or ESL participant a set of educational experiences that will allow 75% of them to demonstrate a two grade level increase in basic reading and math skills.

2. Provide each GED participant educational experiences that will ensure that 85% of those who take the GED exam will pass it.

3. Demonstrate improvement in productivity and/or quality of work by a minimum of 85% of those individuals participating in the project.

4. Develop a successful model of Workplace Literacy Education that can be replicated locally or in other areas of the country.

5. Assist GAH in the continuation of the Workplace Literacy Education program, using their own staff.

APPENDIX A

COUNSELOR'S REPORT

STUDENT TESTIMONIALS

This program has made a big difference in my life. I always wanted to go back to school. I'm very glad that I finally went back. School has changed my outlook on life. I feel much better about myself. I feel it has made a difference in my children's school work as well. They see that I can do it, even though I've been out of school for several years, so they try harder. Soon, I hope to be taking my GED test.
Janet Gottsman, housekeeper

The Workplace Education program gave me confidence in myself. I feel that I am just as intelligent as anyone else, and I want to further my career. I have taken my GED and passed. I will be retiring in June of next year and I plan on enrolling in college.
Marie Gorecki, housekeeper

Because of the Workplace Education Program, I have been able to review many subjects in preparation for taking the LPN exam. The program has been a great opportunity for me.
Maria Quinones, CNA

I quit school over thirty years ago, I was terrified of signing-up for classes. Now I'm glad I did! It took me almost a year, but I took the GED and passed, thanks to my teacher Joe, and the classes! I'm now taking night school classes in the hope of making a career change.
Marion Gibson, CNA

I'm sixty-two years old, and never thought of returning to school until some of my co-workers told me about the classes being offered. I was in Joe's classes for a little over six months and, am proud to say that I passed my GED!
Frances Hurley, cook

Not only have the classes helped me to improve my skills, they have also given me a good friend. Our teacher, Joe, is very patient, and he is always there when you need him. He really cares a lot about his students.
Scott Milkiewicz, janitor

I have found many aspects of the program very helpful, particularly the job-related educational booklets. They help you review your skills and, at the same time, motivate you to read in general.
Julia Gorecki, CNA

I have just started taking the classes as I would like to get my GED as well as go to college some day. So far, I am finding them very interesting and helpful, and I'm glad I have an opportunity like this.
Javier Enriquez, CNA

APPENDIX B

CURRICULUM DEVELOPMENT

PHILOSOPHY AND RATIONALE

The philosophy and methodology of MCDI's Workplace Education Program is to develop and integrate job-related curricula with academic curricula. This focus motivates employees to continue and upgrade their education, perform better on the job, increase their self-esteem, and advance in the workplace. This philosophy enables employees to see the relevancy of education to their life and work situations on a daily basis.

The National Literacy Act of 1991 (Public Law 102-73) defines literacy as, "an individual's ability to read, write, and speak in English, and compute and solve problems at levels of proficiency necessary to function on the job and in society, to achieve one's goals, and develop one's knowledge and potential." Key features in this legislation specify that:

- Instruction in basic skills uses the actual content of specific jobs.
- Instruction in reading, mathematics, and other basic skills is directly related to workplace needs and what employees are expected to do and perform on a daily basis.
- Materials used by workers on the job become the focal point for instruction. Commercially produced literacy curricula and materials are seldom relied upon as the sole means of instructing workers.

A study conducted by Milulecky and Hiehl (1980) states that reading and writing have become increasingly more important in the performances of daily work routines. This statement is even more true for the 21st Century. The study points out that:

- 99% of workers spend sometime reading each day.
- 70% of reading materials are about a 9th grade reading level or above.
- The average time spent reading each day is two hours.
- Most reading is done to locate information.
- Writing tasks tend to be brief and to the point.

DETERMINING WORKPLACE EDUCATIONAL NEEDS

The academic and job-related skills needed by employees in the workplace are measured in three ways:

1. Test for Adult Basic Education (TABE)

   This test determines the academic levels of employees.

2. Analysis of Job Description

   An analysis of job descriptions highlight employee academic needs for job performance. GAH job descriptions reveal educational needs in the following areas: GED, Communication, Quality Work, Problem Solving, Working with Others, Time Management, English Grammar, Writing, ESL, Math, and Reading.

3. **Personal Interviews with Employees**

During a one-on-one interview, an Individual Education Plan (IEP) is written which reflects the educational needs and desires of the employee.

ACADEMIC PROGRAMS

To meet the educational needs of GAH employees, MCDI provides six educational programs: GED (High School Diploma Equivalency), English As A Second Language (ESL), Reading Comprehension and Vocabulary, Language Arts, Math, and Writing/Spelling. The following pages contain a topical outline of all academic skills covered in the six programs.

GED PROGRAM

WRITING SKILLS

Vocabulary
Understand the Task
Evidence of Relevant Ideas
Plan or Organization
Supportive Ideas, Details, Examples
Appropriate Language
Conventions of Standard Written Languages
Spelling
Capitalization
Punctuation
Prefixes, Suffixes, Root Words
Grammar
Word Usage
Syntax

MATHEMATICS

Fractions
Decimals
Percents
Interest problems
Measurements
Basic Algebra
Basic Geometry
Math in Word Problems
Data Analysis
Ratio and Proportion

SOCIAL STUDIES

Economics
Geography
Political Science
History
Behavioral Science
  Sociology
  Psychology

LITERATURE

Fiction
Non-Fiction
Poetry
Commentary
Drama

SCIENCE

Life Science
Earth Science
Chemistry
Physics

Textbooks:

How to Prepare for the High School Equivalency Examination,
Contemporary Books

Cambridge GED Series
Adult Education Company

Comprehensive Review Book
Stech-Vaughn

ENGLISH AS A SECOND LANGUAGE

PHONICS

Consonants, Vowels
Consonant Blends
Sound Recognition
Phonetic Pronunciation
of Vocabulary Words

GRAMMAR

Parts of Speech
Phrases
Common Tenses
Regular, Irregular Verbs
Questions and Negatives

WRITTEN COMMUNICATION

Sentence Structure
Writing Simple Sentences
Letter and Note Writing

SPELLING

See Spelling Program Outlined Below

ORAL EXPRESSION

Literal Interpretation of Idioms
Dialogue
Role Playing
Conversations

READING COMPREHENSION

Understanding As A Springboard to Dialogue
Vocabulary Building
Grammar Analysis

Textbooks:

Graded Exercises in English: Beginning, Intermediate, and Advanced
Regents

Building Word Power
Stech-Vaughn

English Lessons for Adults
Harcourt, Brace, Jovanovich

READING COMPREHENSION AND VOCABULARY

Working with Sound
Following Directions
Using the Context
Locating the Answer
Getting the Facts and Main Idea
Drawing Conclusions
Detecting the Sequence

Alphabetical Order
Using the Dictionary
What do Words Mean
Using Correct Words to Complete Sentences and Stories
Finding Analogies

Textbooks:

Specific Skills Series
Barnell Loft Ltd.

World of Vocabulary
Globe Book Company

Developing Reading Strategies
Stech-Vaughn

Power Vocabulary
Regents/Prentice Hall

LANGUAGE ARTS

Phonics: Consonants, Vowels, Blends, Diphthongs, Digraphs
Parts of Speech
Regular, Irregular Verbs
Tenses, Active and Passive Voice
Correct Grammar Usage
Comparative, Superlative Degrees
Infinitives, Participles
Punctuation

Textbooks:

Mastering Good Usage
Cambridge Publishing

Regents English Workbook Series
Regents

Beginning Lessons in English
Regents

English Lessons for Adults
Harcourt Brace Jovanovich

Parts of Speech
Capitalization and Punctuation
Sentences
Good Usage
Continental Press

MATHEMATICS

Whole Numbers
Fractions
Decimals
Conversions
Percents
Measurement
Word Problems
Basic Algebra
Basic Geometry
Data Analysis
Ratio and Proportion

Textbooks: Learning to Compute, Books 1 and 2
Holt, Rinehart, and Winston

Number Sense, Read Numbers, Number Power
Contemporary Books

Basic Skills Series
Cambridge Adult Education

Breakthrough to Algebra
Breakthrough to Geometry
New Readers Press

WRITTEN COMMUNICATION

Putting Your Ideas on Paper
The Opening Sentence
Revising, Proofreading
Styles and Rules to Avoid
Language to Avoid
Ten Ways to Win and Lose Your Readers

Textbook: Power Write
A Practical Guide to Words That Work
SkillsPath Publications, Inc.

SPELLING

Doubling the Final Consonant

Dropping the Final Silent E

Plurals

Words with ei and ie

Double Letters, Silent Letters

Prefixes, Suffixes

Words Ending in sede, cede, and ceed

Words Ending in ar, er, or, able, ible

Words Ending in ary, ery, and efy, ify

Words Ending in ance, ence, and ant, ent

Words Ending in ise, ize, yze

Textbook: Business Spelling and Word Power
Merrill Educational Publishing

JOB-RELATED RESOURCES

The need for the development and integration of job-related and academic resources is demonstrated in the following experiences.

1. Employees in the Food Service Department, for whom English is a second language, had difficulty reading the GAH menu. Phonetic sounds and rules were taught using words from the menu in a workbook entitled, Reading the GAH Menu.
2. Activity Aides had difficulty writing IAA forms required by new OBRA legislation. Spelling, grammar, and writing were taught from MCDI's Activity Aide Handbook.
3. Housekeepers studying for their GED worked on reading comprehension and vocabulary from MCDI's booklet The Housekeeper and Public Relations, as did nurses' aides from their job-related, Nurses' Aide Curriculum.
4. A maintenance employee learned math skills from MCDI's Ratio and Proportion along with Learning to Compute.
5. A nurse's aide, getting along in years and less able to carry on nursing tasks, wanted a job in the clerical department. Along with getting her GED, she learned English grammar from MCDI's Business English.
6. Employees learned oral communication skills from MCDI's Problem Solving, and Team Building.
7. Math skills were applied and utilized while reading Quality Assurance.

8. Employees increased reading and vocabulary skills through MCDI's, Personal Development, A Call to Excellence and Workplace Health and Safety.

The job-related materials mentioned above were developed specifically for GAH employees. Some of these materials are included in this report.

INTEGRATION OF ACADEMIC AND JOB-RELATED RESOURCES

A Competency-Based Curriculum format is utilized to integrate BOTH academic and job-related resources within these six programs. Under this format, each academic skill is developed to include objectives, outlines, lists of commercially-produced and job-related resources, teaching methodology, and competency tests. This framework reinforces and strengthens reading comprehension, vocabulary, math, and language arts, writing, and communication skills needed and desired by employees. Sample pages of how this task is done concludes the curriculum section of this report.

COMPETENCY	READING COMPREHENSION VOCABULARY
OBJECTIVE	Given instruction on how to find the main idea, students will increase their vocabulary and reading comprehension by completing exercises with 85% accuracy.
OUTLINE	1. Read chapter one, Activity Aide Handbook, pp. 1 - 13. 2. Read pages 7 - 17, Getting the Main Idea, Book D, Units, 1 - 6.
METHODOLOGY	Reading Group Discussion Self Study Individual Tutoring Lecture
RESOURCES	Text: Activity Aide Handbook Getting the Main Idea
COMPETENCY	Activity Aide Handbook, pages 8, 9, and 13 Getting the Main Idea, pages 18 and 19

COMPETENCY	SPELLING RULES: DOUBLING THE FINAL CONSONANT, DROPPING THE FINAL SILENT E
OBJECTIVE	Given instruction on the rules for doubling the final consonant and dropping the final silent E, students will use these words in writing residents' goals with 100% accuracy.
OUTLINE	1. Doubling the Final Consonant, Pages 29 - 30 2. Dropping the Final silent E Pages 30 - 31 3. Read Chapter 5 of Activity Aide Handbook, pages 36 - 46
METHODOLOGY	Reading Writing Lecture Tutoring Self Study
RESOURCES	Texts: Activity Aide Handbook Business Spelling and Word Power
COMPETENCY	Business Spelling & Word Power, pages 118 - 122. Spelling Application in Writing Goals: Activity Aide Handbook, pages, 47 - 48.

12.

Workplace Educational Program

RATIO AND PROPORTION

Massachusetts Career Development Institute

Geriatric Authority of Holyoke

United Food and Commercial Workers Union Local 1459

COMPETENCY	RATIO AND PROPORTION

OBJECTIVES

1. to have an understanding of ratio and proportion
2. to be able to compute ratio and proportion examples
3. to be able to solve ratio and proportion word problems

PROCEDURES

1. An Overview
2. Ratio
3. Ratio and Problem Solving
4. Equal Ratio
5. Proportion
6. Solving Proportion with Missing Numbers
7. Proportion and Problem Solving
8. Other Uses of Proportion
   a. Measurements
   b. Shapes
   C. Percentages

SUPPLEMENTARY EDUCATIONAL MATERIALS

A thorough background in understanding fractions from texts:
Learning to Compute
GED Mathematics

COMPETENCY Ratio and Proportion

AN OVERVIEW

In order to understand the concepts of ratio and proportion, you need a good background in fractions. If you successfully completed the fraction exercises in Learning to Compute or Steck Vaughn's GED Mathematics, this booklet will be easy to understand. In ratio and proportion, numbers or quantities are compared in order to find similarities or differences.

RATIO

Ratio compares two numbers or quantities to see how much the first number is contained in the second.

EXAMPLE Compare the number 4 with the number 2. This ratio can be written in three ways: with a colon 4:2, in words 4 to 2, or as a fraction 4/2. As you know, 4/2 is an improper fraction and should be reduced to its simplest form or lowest term. Simplifying a ratio is the same process as reducing fractions. Divide both amounts by the same number. Reducing the fraction does not change the ratio.

$\frac{4 \div 2}{2 \div 2} \quad \frac{2}{1} = 2$ The number four is two times as much as the number 2.

EXAMPLE There are 2 cans of blue paint and 6 cans of red paint. The ratio of blue paint to red paint is 2:6, 2 to 6 or 2/6. This is a proper fraction that can be simplified.

$\frac{2 \div 2}{6 \div 2} = \frac{1}{3}$ The ratio of blue paint over red paint is 1/3.

PROPORTION

Proportion, on the other hand, compares two ratios to determine if they are equivalent. Proportion is a statement that two ratios are equal. Determine if there is a proportion between the ratios 4:2 and 2:6 from the examples above.

Proportion is found by multiplying the numerator of the first fraction with the denominator of the second fraction AND the denominator of the first fraction with the numerator of the second.

denominator $\frac{4}{2}$ $\frac{2}{6}$
numerator

This is called the <u>cross products rule.</u> If the cross products are equal, the ratios are in proportion.

<u>EXAMPLE</u> $\frac{4}{2} \times \frac{2}{6}$ $(4 \times 6) \times (2 \times 2)$

$24 \neq 4$

The cross products 4 and 24 are not equal. Notice the not equal symbol ($\neq$).

<u>EXAMPLE</u> Compare the ratios 1:2 and 2:4

$\frac{1}{2} \times \frac{2}{4}$ $(1 \times 4) \times (2 \times 2)$

$4 = 4$

There is a proportion in these ratios because the ratios 1:2 and 2:4 are equal.

VOCABULARY

Study these vocabulary words.

1. comparison - examine for similarity or difference
2. difference - comparison between two numbers
3. proportion - comparison of two ratios
4. equivalent - something equal in value
5. improper fraction - more than one whole
6. proper fraction - less than one whole
7. reduce - to lessen in number
8. equation - expression of two numbers

EXERCISE

Use the BEST vocabulary word for each phrase or concept that follows.

1. $\frac{12}{14}$ _____

2. $\frac{14}{12}$ _____

3. 6:2 _____

4. To examine for difference, similarities. _____

5. $\frac{4}{16} = \frac{2}{8} = \frac{1}{4}$ _____

6. The expression of two numbers. _____

7. Comparison of two ratios. _____

8. Something equal in value. _____

VOCABULARY

Study the following vocabulary words.

1. simplest form	- reduced to lowest terms
2. numerator	- number of fraction above the line
3. denominator	- number of fraction below the line
4. multiply	- increase in number
5. divide	- separate into parts
6. concept	- a notion or idea
7. compute	- determind by arithmetic
8. product	- result of multiplying two or more numbers

EXERCISE

Use the BEST vocabulary word for each phrase or concept below.

1. $9 \times 4 = 36$ 36 is _____

2. $\frac{\ }{8}$ _____

3. $\underline{4}$ _____

4. increase in number _____

5. $\frac{2}{4} = \frac{1}{2}$ _____

6. $2\overline{)6}$ _____

7. determine by arithmetic _____

8. notion or idea _____

MEANING OF RATIO

Simply stated, ratio is the comparison of two numbers by division. According to Webster's dictionary, ratio is "the relation between two similar magnitudes in respect to the number of times the first in contained in the second.

EXAMPLEu OOO oooooo - 3 large circles and 6 small circles

The ratio of the number of large circles to the number of small circles is 3 to 6. There three ways to express this in ratio form are: 3:6, 3 to 6 and the fraction 3/6.

Other ways to express ratios in this example are

1. The number of small circles to the number of large circles.
   6:3 6 to 3 6/3

2. The number of large circles to the TOTAL number of circles.
   3:9 3 to 9 3/9

3. The number of small circles to the TOTAL number of circles.
   6:9 6 to 9 6/9

COMPUTE

XXX YYYYYY ZZZZZZZZZZ

Give the ratio of each in their three forms. The first is completed.

1. Y to Z 6:10, 6 to 10, 3/5
2. X to Y _____
3. Z to Y _____
4. Z to X and Y _____
5. Y to X _____
6. X to Z _____
7. Z to X _____
8. X to Y and Z _____

Write each ratio in its simplest form.

1. 12 to 16 3:4
2. 6 to 12 _____
3. 8:10 _____
4. 15 to 20 _____
5. 12:9 _____
6. 7 to 14 _____
7. 10 to 15 _____
8. 12:4 _____

9. 6 to 10 _____

10. 9:3 _____

11. $\frac{3}{15}$ _____

12. $\frac{18}{9}$ _____

13. $\frac{12}{16}$ _____

14. $\frac{10}{20}$ _____

15. $\frac{4}{2}$ _____

16. 12 to 6 _____

17. 3 to 27 _____

18. 60 to 16 _____

19. 30 to 28 _____

20. $\frac{36}{40}$ _____

RATIO AND PROBLEM SOLVING

The order of the words in a ratio problem make a difference. Be sure to keep the words in the SAME ORDER as they appear in the problem. It is important to read each problem carefully and compare like items.

EXAMPLE John has $15 and Mark has $5. What is the ratio of John's money to Mark's?

John	$15	3
Mark	$5	1

The ratio is 3 to 1.

EXAMPLE John had $15 and Mark had $20. What is the ratio?

John	$15	3
Mark	$20	4

John has $\frac{3}{4}$ as much money as Mark.

EXAMPLE On a test, Mary got 15 problems right and 3 wrong. What is the ratio of the number she got right to the total number of problems?

Right	15
Total	18

15:18

EXAMPLE I earn $200 a week. My friend earns $300. What is the ratio of my pay to his?

$200 - $300
2 : 3

For every $2 I make, my friend makes $3.

> The number you COMPARE TO goes on the bottom. It is the denominator of the fraction.

EXERCISE

Compute the following.

1. John can lift 200 lbs. Jack can lift 175. What is the ratio of John's weight lifting ability to Jack's?

2. Jerry has 360 acres of land and Bob has 120. What is the ratio of Jerry' land to Bobs?

3. Millie has worked at the Geriatric Authority of Holyoke for 12 years. Mary has worked for 5 years. Millie has worked how many times longer than Mary?

4. In a classroom there are 16 boys and 20 girls. What is the ratio of boys to girls?

5. An oak tree is 48 feet tall and a maple is 36 feet. Find the ratio of the maple to the oak.

6. Ted weighs 50 lbs. Mary weighs 40 lbs. Sue weighs 35 lbs. Find the ratio of

   Ted to Sue _____ Sue to Mary _____
   Mary to Ted _____

7. At a recent conference, the U.S. sent 8 representatives. England sent 6, France sent 3, Germany sent 12 and Russia sent 15. Find the ratio of

   U. S to Germany _____ France to Russia _____
   England to France _____ Germany to England _____

8. At a party, there were 20 men and 25 women. What was the ratio of the women to the total amount at the party?

9. At the track, John won $120 on a $20 bet. What were the odds on the horse?

10. Last month, 24 people died in highway accidents in a certain area. At the same time, 144 survived accidents. What is the ratio of those who died to those who survived?

EQUAL RATIO

Equal ratios have the same values. Multiplication or division is used to determine whether ratios are equal. To do so, the ratios must be expressed as fractions.

EXAMPLE In one can of paint, there are 16 oz. How many are there in two cans?

$\frac{1 \text{ can}}{16 \text{ ounces}}$ $\frac{2 \text{ cans}}{?}$

1. Write the ratio as a fraction. $\frac{1}{16}$

2. Multiply the numerator and denominator by the same number. (2 cans) $\frac{1}{16} \times \frac{2}{2}$

3. Express the result as a fraction $\frac{2 \text{ cans}}{32 \text{ ounces}}$

In two cans of paint there are 32 ounces.

EXAMPLE Division is also used to find equal ratio.

$\frac{5}{15} \div \frac{1}{3}$

EXERCISE

Circle the letter of the equal ratios.

1. $\frac{4}{5}$ a. 9:10 b. 12:16 c. 12:14 d. 20:25

2. 7:10 a. $\frac{20}{14}$ b. $\frac{14}{20}$ c. $\frac{13}{20}$ d. $\frac{10}{7}$

3. 3:2 a. $\frac{6}{4}$ b. $\frac{10}{12}$ c. $\frac{15}{20}$ d. $\frac{2}{3}$

4. $\frac{6}{7}$ a. 14:12 b. 18:20 c. 7:6 d. 12:14

5. $\frac{5}{10}$ a. 20:8 b. 10:5 c. 1:2 d. 4:10

Complete.

6. $\frac{2}{8} = \frac{1}{\quad}$ 7. $\frac{36}{9} = \frac{4}{\quad}$ 8. $\frac{8}{1} = \frac{24}{\quad}$

9. $\frac{20}{16} = \frac{10}{\quad} = \frac{5}{4}$ 10. $\frac{18}{12} = \frac{9}{\quad} = \_\_\_$

Write true or false if each fraction is equal to the other.

11. $\frac{1}{3} = \frac{3}{1}$ false

12. $\frac{8}{10} = \frac{12}{15}$ _____

13. $\frac{6}{8} = \frac{18}{24}$ _____

14. $\frac{15}{1} = \frac{30}{15}$ _____

15. $\frac{5}{1} = \frac{20}{4}$ _____

16. $\frac{1}{2} = \frac{6}{12}$ _____

17. $\frac{12}{10} = \frac{6}{15}$ _____

18. $\frac{9}{13} = \frac{10}{15}$ _____

19. $\frac{1}{8} = \frac{2}{16}$ _____

20. $\frac{2}{16} = \frac{1}{8}$ _____

PROPORTION

Proportion is an equation stating that two ratios are equal. There are two ways to check equal ratios.

1. Write the ratios as fractions in their simplest forms. If fractions are the same, the ratios are equal.

EXAMPLE Do $\frac{10}{25}$ and $\frac{16}{40}$ express a porportion?

$$\frac{10 \div 5}{25 \div 5} = \frac{2}{5}$$

$$\frac{16 \div 8}{40 \div 8} = \frac{2}{5}$$

$\frac{10}{25} = \frac{16}{40}$ and express a proportion

2. Use the cross product rule. (Multiply numerators of one fraction with the denominators of the other fraction.) Two ratios are equal if their cross products are equal.

EXAMPLE A

$\frac{1}{2} \quad \frac{2}{4}$

$(1 \times 4) = (2 \times 2)$

$4 = 4$

EXAMPLE B

$\frac{3}{8} \quad \frac{6}{16}$

$(3 \times 16) = (6 \times 8)$

$48 = 48$

Each of these express a proportion.

EXAMPLE C $\frac{3}{7} \quad \frac{12}{13}$

$(3 \times 13) = (7 \times 12)$

$39 \neq 84$

Note unequal sign.

EXERCISES ON PROPORTION

1. Write = or $\neq$ for each of the following.

a. $\frac{1}{5}$? $\frac{6}{10}$ answer _____

b. $\frac{2}{1}$? $\frac{10}{5}$ answer _____

c. $\frac{8}{5}$? $\frac{40}{50}$ answer _____

2. Choose the two equivalent ratios in each.

a. $\frac{4}{5}$, $\frac{20}{25}$, $\frac{5}{4}$ answer _____

b. $\frac{7}{6}$, $\frac{7}{16}$, $\frac{14}{32}$ answer _____

c. 10:15, 12:18, 14:16 answer _____

3. Use cross products rule to find which of these are proportions.

a. $\frac{10}{9}$? $\frac{40}{36}$ answer yes

b. $\frac{12}{10}$? $\frac{40}{30}$ answer _____

c. $\frac{6}{7}$? $\frac{30}{30}$ answer _____

d. $\frac{10}{1}$? $\frac{50}{5}$ answer _____

4. Complete the equation to form a proportion. The first one is completed.

a. $\frac{10}{25}$ $\frac{2}{?}$ $\frac{10 \div 5}{25 \div 5} = \frac{2}{5}$ answer 2/5

b. $\frac{12}{21}$ $\frac{?}{7}$ answer _____

c $\frac{45}{60}$ $\frac{?}{20}$ answer _____

BEST COPY AVAILABLE

Use cross products to solve the following.

d. $\frac{4}{15} = \frac{8}{?}$ $4N = 8 \times 15$ $N = \frac{120}{4}$ $N = 30$ answer $8/30$

e. $\frac{5}{?} = \frac{4}{12}$ answer _____

f. $\frac{?}{12} = \frac{3}{4}$ answer _____

g. $\frac{35}{14} = \frac{50}{?}$ answer _____

h. $\frac{6}{10} = \frac{9}{?}$ answer _____

i. $\frac{8}{12} = \frac{10}{?}$ answer _____

SOLVING PROPORTIONS WITH MISSING NUMBERS

Porportions are two ratios used together. In this section, one ratio will be given with only one number in the second ratio. You will learn how to find the missing number in the second ratio. The missing term is expressed with an N. (Sometimes an X is used.)

EXAMPLE $\frac{N}{25} = \frac{6}{5}$

a. Use the cross products rule to find the missing term.

$$5 \times N = 25 \times 6$$
$$5N = 150$$

b. To solve, use the same process on each side of the equation. Divide on each side of the equal sign.

(5N N = N alone) $\rightarrow$ $N = \frac{150}{5}$

$$N = 30$$

The missing term can be anywhere in the equation

EXAMPLE $\frac{30}{n} = \frac{6}{5}$

$$30 \times 5 = 6N$$
$$\frac{150}{6} = N$$
$$25 = N$$

EXAMPLE $\frac{3}{8} = \frac{N}{24}$

$$3 \times 24 = 8N$$
$$\frac{72}{8} = N$$
$$9 = N$$

COMPUTE

1. $\frac{N}{6} = \frac{5}{3}$

$3 \times N = 6 \times 5$
$3N = 30$
$N = \frac{30}{3}$
$N = \_\_\_\_$

2. $\frac{8}{N} = \frac{32}{40}$

$8 \times 40 = 32N$
$320 = 32N$
$\frac{\_\_\_\_}{32} = N$
$\_\_\_\_ = N$

3. $\frac{N}{12} = \frac{5}{20}$

$20N = 12 \times 5$
$20N = 60$
$N = \_\_\_\_$

4. $\frac{N}{10} = \frac{3}{5}$

5. $\frac{N}{3} = \frac{7}{21}$

6. $\frac{4}{N} = \frac{16}{20}$

7. $\frac{12}{4} = \frac{6}{N}$

8. $\frac{N}{9} = \frac{5}{9}$

9. $\frac{N}{7} = \frac{6}{2}$

10. $\frac{18}{48} = \frac{N}{8}$

WORD PROBLEMS

Problems can be solved by using proportion. Be careful in comparing the items stated in the problem. It might be helpful to underline the key parts of the workding.

If 4 oranges cost 60 cents, how much does one cost?

STEP 1 Oranges are compared to cents.

$$\begin{array}{l} \text{oranges} \\ \text{cents} \end{array} \quad \frac{4}{60} \times \frac{1}{?} \quad \begin{array}{l} \text{orange} \\ \text{cents} \end{array}$$

If the top left number is oranges, the top right number must also be oranges. The letter "N" represents what you are trying to find out.

STEP 2 Set up the equation and solve.

$$4 \times N = 60 \times 1$$
$$N = \frac{60}{1}$$
$$N = 15 \text{ cents}$$

STEP 3 It makes no difference how you compare things as long as you use the SAME items together.

$$\begin{array}{l} \text{cents} \\ \text{oranges} \end{array} \quad \frac{60}{4} \times \frac{N}{1}$$
$$60 \times 1 = 4N$$
$$\frac{60}{4} \quad N$$
$$15^{¢} = N \qquad \text{Cost on 1 orange.}$$

<u>EXAMPLE</u> If 9 players spend $63 for uniforms, how much does each player spend?

$$\begin{array}{l} \text{players} \\ \text{money} \end{array} \quad \frac{9}{63} \times \frac{1}{N}$$
$$9N = 63 \times 1$$
$$N = \frac{63}{9}$$
$$N = \$7$$

<u>EXAMPLE</u> A 6' post casts a 5' shadow. A tree cast a 65' shadow. How tall is the tree?

$$\begin{array}{l} \text{shadow} \\ \text{tall} \end{array} \quad \frac{5}{6} \times \frac{65}{N}$$
$$6 \times 65 = 5N$$
$$\frac{390}{5} = N$$
$$78' = N$$

<u>PROPORTION WORD PROBLEM EXERCISE</u>

Solve the following. Be sure to underline the key words in each problem.

1. If a car goes 90 <u>miles</u> in 2 <u>hours,</u> how far does it go in one hour?

2. If 2 cans of juice cost $1.20, how much does one can cost.?

3. If a 6 ounce can of crabmeat cost $2.40, what is the cost per ounce.

4. If a car goes 336 miles in 6 hours, how many miles does it go per hour?

5. If 3 cans of spaghetti sauce cost $2.67, how much will 5 cans cost?

6. If a man earns $60 in 8 hours, how much does he earn in 5 hours?

7. If 4 ounces of cheese cost $5.16, how much does 7 ounces cost?

8. If one out of every 6 workers smoke, how many smoke out of 300?

OTHER USES OF PROPORTION

Proportion can be used to solve many different type problems. Three types are explained here.

MEASUREMENT Before doing measurement, it is necessary to know the basic units of measurement.

1. Change 27 years to feet. (3 feet = 1 yard)

yard	1	27
feet	3	?

answer_____

2. How many minutes in 2 hours? (60 mins. = 1 hour)

minutes	60	?
hours	1	2

answer _____

3. How many pints in 3 gallons? (2 pts. = 1 qt. and 4 qts.= 1 gal.)

pints	$\frac{8}{}$	$\frac{N}{}$
gallons	1	3

answer _____

4. Mary is 60 inches tall. How many feet tall is she? (12 inches = 1 foot)

inches	$\frac{12}{1}$	$\frac{60}{N}$

amswer_____

SHAPES

5. A 6' tall tree casts a 5' shadow. A tree cast a 65' shadow. How tall is the tree?

shadow	$\frac{5}{}$	$\frac{65}{}$
tall	6	N

amswer_____

6. A snapshot is 5' wide and 7' long and is enlarged to 20' wide. How long is it?

width	___	____
length		

answer_____

7.

What is the missing length?

answer_____

FINDING PERCENTAGES BY RATIO

To find percentages, consider two factors:

a. the number parts of the wholele

b. the percent part of the whole (100%)

EXAMPLE 8 is 50% of 16 (A. = 8, B. = 50%)

$A = \frac{8}{16}$ $B = \frac{50}{100}$

EXAMPLE 12 is what % of 16?

$$\frac{12}{16} = \frac{N}{100}$$

$$16N = 12 \times 100$$

$$N = \frac{1200}{16}$$

$$N = 75$$

12 is 25% of 16

EXAMPLE What is 30% of 900?

$$\frac{N}{900} \quad \frac{30}{100}$$

$$N100 = 900 \times 30$$

$$N = \frac{27000}{100}$$

$$N = 270$$

270 is 30% of 900

SOLVE - 6 is 30% of what?

answer_____

COMPETENCY TEST ON RATIO AND PROPORTION

Simplify these ratios. Use colons to express answers.

1. 18 to 30
2. 4 to 16
3. 10 to 40
4. 21 to 14
5. 9 to 12
6. 50 to 25
7. Our kitchen is 18 feet long and 12 feet wide. What is the ratio of the width to the length?
8. One a test, Jerry got 25 problems right and 6 wrong. What is the ratio of the number he got right to the total number of problems?
9. Jane lost 50 pounds between March and June. She weighed 160 pounds in June. What is the ratio of the March weight to the June weight?
10. John bought a VCR for $550. He saved $100 by buying it on sale. What is the ratio of the sale price to the original price?
11. In the GED class, 25 are women and 20 are men. What is the ratio of men to women?
12. In the same GED class, what is the ratio of men to the total number of students?
13. The Stewarts make $1050 a month. They pay $450 for rent. What is the ratio of their rent to their income?
14. If the Stewarts pay $500 for food, what is the ratio of their rent and food to their income?
15. A football team wins 7 out of 10 games played during the season. What is the ratio of the games lost to the number of games played?

WORKPLACE EDUCATIONAL DEVELOPMENT

READING THE GAH MENU

Massachusetts Career Development Institute

Geriatric Authority of Holyoke

United Food and Commercial Workers Union Local 1459

COMPETENCY	READING THE GAH MENU	HOURS

OBJECTIVES

1. Learn long, short vowel sounds and consonant blends from GAH menu words
2. Read GAH menu with confidence and accuracy

EQUIPMENT

GAH menu

PROCEDURES

. Long and short vowel sounds

. Consonant sounds

. Vowel, consonant blends from menu words

. Menu reading practices and exercises

EDUCATIONAL MATERIALS

Employee Workbook: Reading the GAH Menu

COMPETENCY TEST

GAH Menu Reading Competency Test

MENU READING PREPARATION

PRONUNCIATION GUDIE

The English language has 26 letters in its alphabet. Six letters are vowels; a, e, i, o and u. The other letters are consonants; b, c, d, f, g, etc. Vowels and consonants have different sounds that blend together to form words. Some words have one sound, others have two, three or more sounds. Each sound within a word is called a syllable.

EXAMPLE	bake	- one syllable
	cof fee	- two syllables
	al pha bet	- three syllables
	di a bet ic	- four syllables

LONG VOWEL SOUNDS

Most vowels have long and short sounds. The long vowel sounds are very easy. The sound is the same as the name of the letter. Long A says A, long B says B, etc. A dictionary shows a vowel is long by placing a short line above the letter. lime (līm) *

EXAMPLE
ā as in bāke *
ē as in crē ole (two syllables)
ī as in rīce *
ō as in jel lō (two syllables)
ū as in tūne *

* In a one syllable word where the vowel is long, the final e is silent.

Read the following words with long vowels.

pō tā tō	grā vy
may ō	cāke
Jūne	pāge
gō	tō mā tō
whīte	pīne (apple)
līma	grāpe (fruit)
dīce	cōle (slaw)

TWO VOWELS TOGETHER

When two vowels come together, usually the first vowel is long and the second vowel is silent. bēef rōast

Read the following words with two vowels coming together.

veal	tea	peas
green	peaches	wheat
beans	cream	oatmeal
cheese	meatloaf	fried
coffee	peanut	toast
yeast		

EXCEPTIONS bread, pears, heavenly

SHORT VOWELS

Vowels also have short sounds. The dictionary shows a vowel is short by placing a " ˘ " sign above the vowel. Example: fat (făt). Some dictionaries do not use the short vowel sign. If there is no sign, the vowel is short. (fog)

EXAMPLES	ă	as in	ăp ple
	ĕ	as in	ĕgg
	ĭ	as in	dĭn ner
	ŏ	as in	cŏf fee
	ŭ	as in	cŭt

Read the following words that contain short vowels.

lĭv er	whĭp
mŭs tard	săl ad
frĕsh	vĕg e ta ble
bŭt ter	chĭck en
săl lad	sŭm mer
cĕl er y	sănd wich
măc a ro ni	crăn ber ry
shĕp herds	ăp rĭ cŏt
păp ri ka	wĭth
pĭ men to	bĕd
wĕb	băt ter

ORAL READING EXERCISE ON LONG AND SHORT VOWELS

Read the following words. Only the long vowel is marked. Other vowles are short or silent.

cad	ā ble	prōse
con dō	dīme	pie
cōne	in sīde	foe
bī ot ics	kind	tack
mist	lem on	gum bō
pi men tō	lāne	hire
en cōde	met	gas
mī nor	mēat lōaf	hēat
rīte	ē gō	jam
lap	cōld	ō dor
flā vor	brōke	vōte
send	bat ter	slēep
chēese	bā sic	īce
gāze		

WRITTEN EXERCISE ON LONG AND SHORT VOWELS

After each word, write if the underlined vowel is long or short.

1. beef *long*
2. bake _____
3. grill _____
4. can _____
5. pimento _____
6. cone _____
7. seafood _____
8. liver _____
9. mustard _____
10. gumbo _____
11. gumbo _____
12. rice _____
13. fried _____
14. whip _____
15. paprika _____
16. fresh _____
17. white _____
18. lima _____
19. cake _____
20. mayo _____
21. sandwich _____
22. nut _____
23. mixed _____
24. milk _____
25. green _____
26. creole _____
27. creole _____
28. lemon _____
29. gravy _____
30. fish _____
31. nutmeg _____
31. drain _____
33. sole _____
34. diced _____

CONSONANTS

Each consonant has its own sound or sounds.

b as in baby
c Hard sound like "k" as in corn, custard, carrot
Soft sound like "s" as in dice, rice, sauce
d as in dad
f as in fat
g Hard sound as in green, gravy
Soft sound as in gel, orange, margarine, vegetable
h as in house, ham
j as in jello
k as in pork, bake
l as in lemon
m as in melon, milk
n as in nut
p as in pears
q as in quart - Letters q and u always go together
r as in roll
s as in dessert, beans
t as in tea
v as in veal, vowel
w as in wash (sounds like wh together)
x as in mix, waxed
y as in yeast
z as in zucchini, glaze

Two consonants together are called blends. Some common blends in the menu vocabulary are

br as in bread, brave, brown
ch as in chip, chocolate, cheese, spinach, peaches
like letter k as in zucchini, chorus
like an sh as in sandwich
cr as in cresent, cranberry, cream, crackers, crush, creole
gr as in gravy, grill, green, grapes
sh as in wash, short, hash, relish, mushroom, shepards, Irish, fish
st as in stuff, roast, liverwurst
wh as in whip, white

Some common vowel and consonant blends are

an as in can, mandarin, sandwich, Manhattan
ar as in far, margarine, tartar, parslied, barley
aw as in raw, Hawaiian
er as in pepper, dessert, dinner, celery, summer
ur as in turkey, liverwurst

ORAL READING EXERCISE ON LETTER BLENDS

Read the following words.

brim	pan el
bream	ketch up
bribe	sharp
inch (first ch sound)	var nish
chop (first ch sound)	sur face
brunch (first ch sound)	man ner
chive (first ch sound	sim mer
cheese (first ch sound)	mesh
sand wich (third ch sound)	ba ley
chif fon (third ch sound)	pa per
creel	still
man da rin	Man hat tan
liv er wurst	per form
tur key	whip
whole	whim per
stint	sta ple
serve	plat ter
tar tar	lob ster
co coa (hard c)	cash
blanch (first ch sound)	gar nish
push (third ch sound	crush
gar lic	cov er

MENU READING EXERCISES

The vowel and consonant blends at the beginning of this booklet come from words on the menu in the Geriatric Authority dining room. Now you are ready to read the menu and answer questions about foods on the menu.

SOUPS AND CRACKERS

CREAM OF CELERY	CHICKEN GUMBO
MUSHROOM BARLEY	BEEF VEGETABLE AND RICE
MANHATTAN CLAM CHOWDER	MULLIGATAWNY
ALPHABET	

1. What is served with all soups?
2. Which soup is named for a city?
3. What vegetable is in barley soup?
4. What soup contains fish?
5. Which soup is made with cream?
6. What is added to beef vegetable soup?
7. What is the most difficult soup to say?
8. Which soup is a good name for reading the words in this booklet?
9. What is your favorite soup from this menu?
10. Are soups served at dinner or supper?

SANDWICHES AND SUPPER CHOICES

LIVERWURST/MUSTARD
STEAK SANDWICH/KETCHUP
TURKEY/LETTUCE/TOMATO/MAYO
GRILLED HAM AND CHEESE
PEANUT BUTTER & JELLY
MACARONI AND CHEESE
BATTER DIP FISH/TARTAR SAUCE
ROAST BEEF/LETTUCE/TOM/MAYO
TUNA SALAD
CHEESE SALAD
EGG AND OLIVE
MEATLOAF/KETCHUP
CROISSANT PIZZA
VEGETABLE OMLET

1. Which sandwiches are served with lettuce, tomato and mayo?
2. What two choices include ketchup?
3. Which sandwich contains mustard?
4. What flavor is added to the egg sandwich?
5. What two salads are offered?
6. Which sandwich is also a favorite for children's lunches?
7. On what is pizza served?
8. What is placed in the omlet?
9. What flavors the macaroni?
10. What is served on grilled ham?
11. What is served with the batter dip fish?

VEGETABLES WITH SANDWICHES

LIMA BEANS/WAX BEANS
PICKLED BEETS & ONIONS
TOSSED SALAD/GREEN BEANS
SCALLOPED TOMATO
MARGARINE
SUMMER SQUASH
3-BEAN SALAD
TOSS SALAD/PEAS
RYE BREAD
WHITE BREAD

1. What vegetables are served with tossed salad?
2. What are the choices of breads?
3. Is bread served with margarine or butter? Why?
4. What kind of squash is offered?
5. What is a 3-bean salad?
6. What are the two choices of beans?
7. What goes with pickled beets?
8. How is the tomato served?
9. Are these vegetables served at dinner or supper?
10. What is your favorite choice from this menu?

DINNERS

CORNED BEEF/MUSTARD
ROAST BEE/GRAVY
PARSLIED BOILED POTATOES
FRIED CHICKEN/CRANBERRY SAUCE
COLD CUTS & CHEESE PLATTER
STUFFED FLOUNDER/LEMON SAUCE
SALISBURY STEAK/GRAVY
HOT DOG/BUN/MUSTARD,RELISH
STUFFED PEPPERS
ROAST PORK/GRAVY
SHEPARDS PIE
VEAL PAPRIKA
LIVER CREOLE
MACARONI SALAD
HAMBURG/BUN/KETCHUP

1. What three dinners are served with gravy?
2. Which meal has creole seasoning?
3. What two meals are served on a bun?
4. What is the fish meal?
5. How are the potatoes cooked?
6. Which vegetable is stuffed?
7. What is on the platter meal?
8. What is the pasta meal?
9. What meats are served at dinner?
10. What is shepards pie?

DINNER VEGETABLES AND BREADS

CABBAGE & CARROTS	DINNER ROLLS
WHIP SQUASH/SPINACH	WHITE BREAD
WHIPPED POTATO	CRESCENT ROLLS
SLICED ZUCCHINI	ITALIAN BREAD
RICE PILAF/WHIP POTATO	MARGARINE

1. What are whipped potatoes?
2. What is served with diced tomatoes?
3. What are the two choices of breads
4. What are the two choices of rolls?
5. What vegetable is served with carrots?
6. What type of rice is served?
7. How is the zucchini served?
8. What is served with spinach?
9. What is the summer vegetable?
10. What is your favorite vegetable?

DESSERTS AND BEVERAGES

STRAWBERRY ICE CREAM	FRUIT CUP
PINEAPPLES OR PUDDING	FRESH FRUIT OR JELLO
APPLE PIE OR APPLE SAUCE	CANNED PEARS
CANNED PEACHES OR CUSTARD	SPICE COOKIES
FRESH MELON OR PUDDING	ORANGE CAKE
HEAVENLY HASH OR CANNED APRICOTS	CHUNKY FRUIT
GRAPEFRUIT SECTIONS	CHOCOLATE PUDDING/CREAM
HAWAIIAN PUDDING OR MANDARIN	COFFEE/TEA/MILK
OATMEAL SHORTBREAED	DIABETIC OR REGULAR

1. What are the beverages served at dinner and supper?
2. What are the different puddings offered?
3. What kinds of ice cream are on the menu?
4. What dessert is made with eggs?
5. What are the different kinds of fruits?
6. Which fruit is served fresh?
7. What kind of shortbread is made?
8. What fruits are canned?
9. What kind of pie or cake is on the menu?
10. What desserts are available for residents with sugar disease?

WORKPLACE EDUCATIONAL DEVELOPMENT

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UNITED FOOD AND
COMMERCIAL WORKERS
UNION

ACTIVITY AIDE HANDBOOK

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UNITED STATES DEPARTMENT OF EDUCATION
NATIONAL WORKPLACE LITERACY PROGRAM

ACTIVITY AIDE HANDBOOK

Submitted by

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In Partnership with

GERIATRIC AUTHORITY OF HOLYOKE, MASSACHUSETTS
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Supplementary Materials

INTRODUCTION

For a period of three years, the Massachusetts Career Development Institute (MCDI), the Geriatric Authority of Holyoke (GAH), and the United Food Commercial Workers Union Local 1459 co-sponsored a Workplace Educational Development Program that serviced over 100 GAH nursing aide and nursing assistant employees.

The main objectives of the program was to increase employees self-esteem and confidence, improve their job performance and academic skills, and encourage upward job mobility. The means toward fulfilling this objective were GED classes, Adult Basic Education classes and a comprehensive competency-based Nurses' Aide curriculum. The program was so successful that its affects were felt throughout the Geriatric Authority of Holyoke.

One department seeking the expertise of the MCDI-GAH partnership was the Activity Department. In 1987, the U. S. Congress passed the Omnibus Budget Reconciliation Act (OBRA '87) to further ensure quality care and treatment of nursing home resident. The implementation was scheduled for 1990.

The implications of the law greatly affected all components of the Activity Department, but especially in the area of documentation: IAA, Activity Log Book, Care Plan, and Quarterly Reports.

The Director of the Activity Department, Assistant Director, Department Supervisor, Activity Aides, and MCDI personnel met regularly to determine ways to

enhance the implementation of OBRA. This handbook is the result of that collaboration. Like its Nurses' Aide curriculum predecessor, the Activity Aide Handbook is competency-based, field tested, and available to other nursing home facilities to benefit from the experience.

ACTIVITY AIDE HANDBOOK PERFORMANCE OBJECTIVES

1. To define the changing role of Activity Aides since OBRA legislation.
2. To explain the importance of activity outcomes.
3. To discuss the value of an interdisciplinary approach to resident care.
4. To describe an effective approach for the Initial Resident Visit.
5. To learn step-by-step procedures for completing an accurate Initial Activity Assessment Form.
6. To distinguish between resident needs and interests.
7. To be aware of factors considered in developing a care plan.
8. To identify objective and subjective information to articulate activity goals.
9. To learn how to formulate, interpret, and fulfill long and short range goals.
10.. To practice documentation procedures on the Daily Participation Sheet, Activity Log, and Quarterly Reports.

CHAPTER 1

THE CHANGING ROLE OF ACTIVITIES

Over the last ten years, there has been a tremendous change regarding the role and importance of activities in a nursing home facility. Prior to that time, most nursing home personnel believed the purpose of activities was mainly to keep residents busy, active, entertained, and occupied as much as possible. The main focus was to give residents something to do through worthwhile activities.

At that time, the success of the Activities Department was measured by the variety of events listed on the monthly calendar and the number of residents who made an attempt to participate. Activities consisted of Bingo, a monthly birthday party and a few sing-a-longs. Record keeping and paperwork were simple; the activity was listed next to the name of the resident who participated.

The Activities Department acted independently from other departments in the facility. Rarely was activity personnel consulted about the resident's well being. Activities had little connection with the general health of a resident. Because the primary goal of activities was to keep residents occupied, its impact on the overall life of the resident was minimal.

Although these activities were good and served a worthwhile purpose in its time, anyone involved in activities today knows the picture is very different. Bingo, birthday parties and sing-a-longs still appear on the monthly calendar but the truth of the matter is, the experience and impact of activities on the life of residents has greatly changed.

What brought about this change? There is no one single answer to this question. Change occurred because of a variety of reasons. The purpose of this chapter is to name some of the events and attitudes that changed the purpose and goals of activities and the effects these changes had on residents and staff in the nursing home setting.

QUALITY CARE

First of all, as the term nursing home implies, the facility is first and foremost a home. The administration and staff in a nursing home have the responsibility to create a congenial and therapeutic environment for the residents. The word congenial means friendly and sociable. Therapeutic means medical treatment of disease. Both social and medical needs are important and need to be addressed. A nursing home must provide more than just good health care because BOTH medical treatment and social health are necessary for survival. Personal and social needs of the person cannot be overlooked while medically treating the disease.

THE WHOLE PERSON MUST BE TREATED.

Treating the whole person is called quality care. Quality care means treating every part of the human being: physical, psychological, emotional, and social. For this reason, the emphasis on quality care gives a far greater importance to the purpose and meaning of activities.

MEANING OF THE WORD ACTIVITY

Another big change is found in the new meaning of the word activity. The word activity is understood in a much broader way and is defined as:

ANYTHING A PERSON DOES DURING WAKING HOURS

THAT IS NOT CONSIDERED MEDICAL TREATMENT.

This new definition broadens the range and type of activities as well. Rather than look upon activities as an event like Bingo or a party, they now include television, radio, crossword puzzles, pet therapy, hobbies, games, crafts, conversations, books, writing, religious practices, visits, current events, going to the dining room, visiting another resident, projects, volunteering and much more. The place where activities occur is greater. They may take place in the resident's room, outdoors, an activity room, or other place in the facility. They may be done in large or small groups or alone.

THE OBRA '87 LAW

To ensure that quality care or the treatment of the whole person is guaranteed to nursing home residents, Congress passed a law called the Omnibus Budget Reconciliation Act of 1987. This law is commonly referred to as OBRA '87. The implementation of the law began in 1990.

Although OBRA is a federal law, individual states are given the responsibility to see that the requirements of providing quality care are fulfilled. Nursing homes not only need a license to operate, they must also pass certification requirements. If nursing homes fail to meet the requirement of quality care certification, they lose their reimbursements in Medicaid and Medicare funds. Without these necessary funds, a nursing home might be forced to close.

Although certification is done on all departments within a facility, this chapter only

discusses the Activity Department. For activities to pass certification standards, they need to be measured by the **OUTCOME** of the activity or its effect on the resident. A more thorough explanation on the meaning of **OUTCOME** is given later.

During the certification process, Surveyors who are responsible for certification, ask residents questions to determine if activities fulfill the OBRA law. These question might include some of the following.

1. Do activities meet your interests?
2. Are they similar to the kinds of things you were interested in before you came here?
3. Are you satisfied with the time of day that activities are offered?
4. Are you satisfied with the number and variety of activities?
5. Do these activities help you in making friends?
6. Are activities fun?

For residents who may not be interviewed personally, written documentation like the assessment, care plan, and quarterly reports are checked. That is why the paperwork on activities is so different and complex today. Because of their importance, paperwork is addressed in separate chapters.

As stated in the OBRA law, the Activity Department must provide "an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and physical, mental and psychological well-being of each resident."

ACTIVITY OUTCOMES

An important reason for a change in attitude about activities is in the purpose for providing them. One important difference between the old and the new purpose is the **OUTCOME OF THE ACTIVITY**. Previous activities were thought to have little effect on the physical or mental outcome of the resident because the emphasis was on the activity itself. Today the emphasis is on the **OUTCOME** of the activity or what happens as a result of participating in the activity.

The **OUTCOME** of an activity is over, above, and beyond the resident's actual participation. The resident attends an activity because there is an inner need that requires satisfaction. The **OUTCOME** has to do with the reasons **WHY** a person attends a function. The resident attends an activity because there is an inner NEED that requires satisfaction.

For example, Mary attends Bingo, not for the sake of the activity alone, but because her mind needs stimulation. Stimulating the mind is the **OUTCOME** of the activity, its purpose or the end result. The activity of Bingo is the means or the way of getting to the **OUTCOME** - which in this case is stimulation.

On the other hand, John is also scheduled to attend Bingo. He needs socialization and contact with his friend, Joe, who always attends Bingo. John's reason for attending Bingo is socialization and this is different than Mary's **OUTCOME**.

GENERAL ACTIVITY GOALS

This example shows there is a strong emphasis placed on the outcome of the activity. The **OUTCOME** is different for each individual, depending on the resident's

needs or health condition. Another name for **OUTCOME** is **GOAL**. The general purpose of the goal is to help residents attain or keep their highest level of physical, mental, or emotional well being. Below are a few samples of **GOALS** or **OUTCOMES**.

1. a sense of usefulness and purpose
2. feelings of well being
3. self respect, self esteem
4. motivation, encouragement
5. contributing to the GAH facility through volunteerism
6. maintenance of normal activities
7. strength in one's manipulative abilities
8. independence, life satisfaction
9. empowerment, controlling one's life
10. overall physical, mental, and emotional improvements
11. socialization, less lonesomeness, and depression
12. spiritual development
13. pleasure, comfort
14. feelings of success, sense of purpose
15. creativity

When residents are happy and given quality care, there are many benefits to the entire nursing home facility also. They might include

1. Fewer complaints from residents and families.
2. More time for the nursing staff to care for bed residents.

3. Significant increases in staff morale.

4. A better public image for GAH.

From what has been said in these few pages, there is no doubt that activities today are a very important part of a resident's life. Activities deal with living. During activities, a resident forgets about medical concerns and enters into an experience as a human being. Through activities, residents make friends, learn new skills, and participate in life. Activities increase the strengths and talents of residents and help them create a life style as close as possible to the one they enjoyed before entering the nursing home.

VOCABULARY

Study the following vocabulary words carefully.

1.	goal	-	the result toward which effort is directed
2.	outcome	-	final result
3.	quality	-	excellence, high standards
4.	congenial	-	friendly, sociable
5.	therapeutic	-	treatment of disease
6.	activity	-	anything done other than medical treatment
7.	certification	-	guarantee something as true
8.	requirement	-	standard
9.	stimulation	-	encourage to action
10.	emphasis	-	special attention given something

VOCABULARY EXERCISE

Write the correct vocabulary word next to the phrase that describes its meaning.

goal	congenial	requirement
outcome	therapeutic	stimulation
quality	activity	emphasis
	certification	

1. guaranteed as true _____
2. give special attention to _____
3. medical treatment of disease _____
4. friendly sociable _____
5. excellence _____
6. result of an effort _____
7. standard _____
8. final result _____
9. things done other than medical _____
10. encourage to activity _____

READING COMPREHENSION EXERCISE

1. Nursing homes must meet OBRA requirements or lose
_____

2. The new meaning of the word activity is_____
_____

3. "An ongoing program of activities designed to meet the interests and physical, mental and psychological well-being of each resident "is part of the _____ Law.

4. List one question about activities a resident might be asked during the certification process. _____

5. List three examples of general activity goals. A. _____ B. _____ C. _____

6. List one overall benefit of an effective activity program._____ _____

7. What is quality care? _____

8. What is meant by treating the whole person. _____

INTERDISCIPLINARY APPROACH

As mentioned earlier, quality care is treating the needs of the whole person: psychological, physical, emotional, and social. When all departments in a nursing home facility are involved with resident care, it is called an interdisciplinary approach or a holistic approach. This approach gives the Activity Department an equal level of importance and is considered as vital and necessary to resident care as any other department in the facility.

What is new about the interdisciplinary approach is that each discipline or department shares resident information with all other departments. The value in this procedure is that everyone shares the wealth of information that would not otherwise be available. The more information about a resident, the better the opportunity to write an effective health care plan. In order to meet basic human needs, care providers must understand what these needs are.

There are many ways to obtain resident information. Gathering information for the purposes of evaluation is referred to as an assessment process. Assessment data is a collection of useful information used to evaluate a resident's total condition. Areas of assessment include medical problems, physical condition, emotional and intellectual status, problems, and daily habits and performances.

It is beyond the scope of this handbook to mention all documents that provide background information for an effective Resident Care Plan. A lot of data is obtained from the Social Service Department at the time of admission. Examples are the Face Sheet, Social Service Notes, Admissions Sheets, etc. These documents are found on a rack in the blue binder-type chart at the nurses' station. The are filed in order by room number.

The two documents that Activity Aides should be aware of and understand are the Minimum Data Set (MDS) and the Initial Activity Assessment (IAA) forms. Both forms are mandated by the OBRA law. Part of the MDS form is completed by the Activity Director. The entire IAA form is done by the Activity Aide. Both the MDS and IAA forms are used by the Director of Activities to write a Resident Care Plan.

MINIMUM DATA SET

According to the terms of OBRA, each resident of a Medicaid or Medicare certified nursing home facility must have a regular, accurate standardized assessment of his or her functional abilities. The assessment instrument that the state of Massachusetts requires is called the Minimum Data Set or the MDS. A copy of this form is enclosed in the supplement chapter at the end of this handbook. As you study the form, notice the different sections.

Background Information	Psychosocial Well-Being
Cognitive Patterns	**ACTIVITY PURSUIT PATTERNS**
Communication/Hearing	Disease Diagnosis
Vision Patterns	Health Condition
Physical Functioning	Nutritional Status
Oral/Dental Status	Medication Use
Continence	Skin ConditionSpecial Treatment

The information obtained from each section gives an excellent overview of the residents functional abilities. Each section is completed by the person with the expertise in that field. The Director of Activities completes Section I, **ACTIVITY PURSUIT PATTERNS,** which covers information about awake time, time involved in activities, preferred activity settings, general activities preferred and different activity preferences. Section I, **ACTIVITY PURSUIT PATTERNS,** of the MDS is shown below.

1.	TIME AWAKE	*(Check appropriate time periods—last 7 days)* Resident awake all or most of time (i.e., naps no more than one hour per time period) in the: a. Morning 7a.m.–Noon (or when resident wakes up) [a.] b. Afternoon Noon–5p.m. [b.] c. Evening 5p.m.–10p.m. (or bedtime) [c.] d. *NONE OF ABOVE* [d.]	
2.	AVERAGE TIME INVOLVED IN ACTIVITIES	0. Most–(more than 2/3 of time) ▲10 1. Some–(1/3 to 2/3 time) 2. Little–(less than 1/3 of time) ▲10 3. None ▲10	
3.	PREFERRED ACTIVITY SETTINGS	*(Check all settings in which activities are preferred)* a. Own room [a.] b. Day/activity room [b.] c. Inside NH/off unit [c.] d. Outside facility [d.] e. *NONE OF ABOVE* [e.]	
4.	GENERAL ACTIVITIES PREFERENCES (adapted to resident's current abilities)	*(Check all specific preferences whether or not activity is currently available to resident)* a. Cards/other games [a.] b. Crafts/arts [b.] c. Exercise/sports [c.] d. Music [d.] e. Read/write [e.] f. Spiritual/religious activ. [f.] g. Trips/shopping [g.] h. Walking/wheeling outdoors [h.] i. Watch TV [i.] j. *NONE OF ABOVE* [j.]	
5.	PREFERS MORE OR DIFFERENT ACTIVITIES	Resident expresses/indicates preference for other activities/choices. 0. No 1. Yes ●10	

Note that #2 on the form asks for the average time a resident spends in activities. The Activity Director has a formula to help determine this time. If the average is below 1/3 or above 2/3, the resident is either having too many activities or not enough. Consequently, these situations need to be looked into and remedied. To consider that a resident spends 1/3 of the day in activities shows how important the role of the activity aide is in the lives of residents.

The MDS form is usually completed within twenty (20) days after the admission date. This length of space gives the staff time to know the resident, observe behavior, and gather appropriate data. The MDS form is an important basic tool by which the effectiveness of any treatment is measured by all departments within the facility.

The Activity Department has a form that seeks specific information about resident needs that can be met . This form is called the Initial Activity Assessment (IAA). There are some preliminary steps that need to be addressed before completing the IAA form. The steps are discussed in the next few chapters.

EXERCISE

Fill in the sentences below with the BEST word from this list: MDS, IAA, interdisciplinary, 20, 10, assessment.

1. Many departments involved in resident care is called_____.
2. The evaluation of gathered information is referred to as an _____.
3. The assessment form completed by many departments is the _____.
4. The form specifically completed by the Activities Department is called the _____.
5. The MDS form is usually completed within _____days after admission.

Answer this question in your own words.

6. What new information did you learn after reading this chapter?

_____

_____

CHAPTER 2

INITIAL VISIT TO THE RESIDENT

The Activity Aide learns about a new admission into the GAH facility through the Unit Resident Change Form shown below.

UNIT RESIDENT CHANGE

ADMITTED **FROM** **TIME: UNIT, ROOM & BED**

DISCHARGED **TO** **TIME: UNIT, ROOM & BED**

TRANSFER WITHIN THE HOUSE: **FROM:** **TO:**

MEDICARE:_____APPROVED_____DISAPPROVED_____

Once the name of the new resident is known, a Daily Participation Sheet is written up and placed in the Daily Participation Book. Residents in the A-4 book are listed by room numbers. All others are listed alphabetically.

Additional information is placed in two files in the Activity Department. They are the Birthday and Church File.

BIRTHDAY FILE	CHURCH FILE
Name of New Resident	Name of New Resident
Birthdate	Religion
Place of Birth	Name of Church Affiliation

Within 24 hours of a resident admission, the aide makes an initial visit to the new resident. To help with this visit, the aide needs to be aware of as much information as possible about the resident. Because the adjustment to a nursing home facility is so traumatic and confusing to residents, they should not be asked questions already covered by other departments. This also saves the aide from asking unnecessary questions and allows more time for topics relating specifically to activities.

Knowing information about residents before making a preliminary visit can be helpful in other ways as well. For example, if an aide is aware that the resident has a hearing deficiency in the left ear, when making the visit, she would talk on the resident's right side.

The preliminary visit provides the aide with an opportunity to introduce herself to the resident, explain what she does and get to know the resident as a person. At the time of the preliminary visit, follow these simple suggestions.

1. Begin by making eye contact with the resident.
2. Speak clearly and introduce yourself. Ask if this is a convenient time FOR A TALK. If not, set a mutually convenient time.
3. Be friendly and create a comfortable atmosphere. Begin by making a comment about an object or picture you see displayed in the room.
4. Be sensitive in your approach. It is important right from the beginning to establish trust and respect between the resident and aide.
5. Give the resident your whole and undivided attention.

A good way to begin a conversation with the resident is to ask some opening questions. One or two of the following questions might be asked to start a conversation as well as obtain useful information for IAA purposes.

A. What did you do for work? Did you enjoy it?

B. How did you spend your time off the job? What did you like best?

C. Do your like to read? If so, what type of reading do you enjoy?

D. Do you like to watch television? What is your favorite TV program?

E. What activity did you enjoy most before coming to GAH?

F. What kind of music do you like? Do you play an instrument?

G. How do you feel about being at GAH?

6. Introduce the Activity Calendar during the preliminary visit. Ask if the resident is interested in what is listed? If not, would the resident be interested in anything else.
7. Sense when it is time to close the visit. If the resident is tiring any time, leave and return later to complete the visit.
8. Close the visit by thanking the resident and promise to be back at another time to discuss activities.

As mentioned many times throughout these pages, the more information available about a resident, the greater the opportunity to write a good care plan and serve the resident in the best possible way.

The kind of information gathered at the preliminary interview is both objective and subjective.

OBJECTIVE - factual information, information dealing with external things other than thoughts or feelings

SUBJECTIVE - relating to personal feelings or thoughts

For example, the objective answer to the question, what did you do for activities at home, might be gardening. The aide may have to probe and ask the question, why, in order to get at the subjective answer. Answers might be

- I just love flowers.
- I grew vegetables to save grocery money.
- I was ashamed of the bald spots on the lawns and wanted to hide them.
- I entered flowers in a Garden Show at the Eastern States Exposition

These answers are subjective because they reveal deeper feelings about gardening and provide valuable information for the care plan. If the resident loved flowers, setting a goal to care for a potted plant in the room answers a great need and is a good activity. But if the person wanted to hide a bald spot on the lawn, a potted plant in the room is not a good activity.

Aides need to train themselves to look for subjective answers or ask questions that will reveal more in-depth information. With experience and practice, the aide can easily become very good at this process.

The aide should also be aware that many factors and conditions affect the way a resident responds to the visit. These factors are:

noise	abilities or lack of them
distractions	environment
presence of other people	physical or mental health
moods	confusion
time of day	intelligence
attention span	attitude

The aide should be alert and look for clues about a resident's response.

Are questions understood?

Does the resident take a long time to answer?

Is communication difficult?

Does the resident have a pattern of group activity or doing things alone?

Does the resident have a negative or positive attitude about activities?

It might be profitable to jot down some notes about the interview. They can be valuable when writing the IAA form and enable you to form a better portrait of the resident.

If there is need of any further information about a resident, contact the Activity Director for assistance.

VOCABULARY

Study these vocabulary words carefully

1. preliminary - leading up to the main event
2. atmosphere - surrounding area
3. sensitive - being highly aware of something
4. objective - factual information
5. subjective - relating to personal feelings or thoughts
6. reveal - make known
7. distraction - turn aside one's attention
8. negative - express denial
9. positive - approval, agreement
10. affiliation - closely connected

VOCABULARY EXERCISE

Write the vocabulary word that is related to the sentences below.

preliminary	atmosphere	sensitive
objective	subjective	reveal
distraction	negative	positive
	affiliation	

1. During a visit, the resident hears noise in the hall._____
2. Mrs. Smith belongs to Sacred Heart Church._____
3. The first visit to a resident is an introductory visit._____

4. The resident's room was filled with flowers._____

5. Mr. Feeley said he was 85 years old._____

6. The aide was aware that it was not a good time to visit._____

7. Bill is not interested in activities._____

8. Mary thought a party was a good idea._____

READING EXERCISE

Answer the following questions in your own words.

1. What information is placed in the birthday file?

   _____

2. When is the preliminary visit made?_____

3. What three questions might be asked during a preliminary visit?

   A. _____

   B. _____

   C. _____

4. What three factors affect residents' responses during a visit?

   A. _____

   B. _____

   C. _____

5. Whom does the aide consult to find out more information about a resident?

   _____

CHAPTER 3

INITIAL ACTIVITY ASSESSMENT (IAA)

The IAA form is an important document that the Activity Department uses to focus on a resident's history of activities and is used in formulating residents' activity goals. The purpose of this chapter, is to complete the IAA step by step and explain how it is filled out.

The form is completed within fourteen (14) days of a new resident's admission. Much of the information asked on the form can be gathered from sources other than the resident, such as the Social Service Notes located in the blue-binder type chart at the nurse's station. The advantage of getting as much data beforehand leaves more time to focus on activity information when visiting the resident.

Only BLACK ink is used on the form. Because erasures are not permitted, it might be better to do the form in pencil first and copy the information neatly on a final form. Should a mistake be made, place a single line through the word, write error and your initials.

EXAMPLE: Place of Worship ~~IMMACULATE~~ CONCEPTION ERROR P.B.

The first page of the form is relatively easy to complete as shown below. The most challenging lines might be diagnosis, diet and diet restrictions. Abbreviations are sometimes used here. A page of common abbreviations is included in the Supplementary Materials section of this handbook. Examples for this section of the IAA form might include some of the following:

CBS - chronic brain syndrome
CP - cerebral palsy
CHF - congestive heart failure
NAS - no added salt
LD - learning disability
AODM - adult onset diabetes mellitus
HTN - hypertension
FX - fracture
ASHD - arteriosclerotic heart disease
severe degenerative arthritis
pace-maker implant
borderline diabetic
anemia

The work history line further explains and develops the resident's occupation.

OCCUPATION housewife, mother

WORK HISTORY Worker in mill before her marriage.

INITIAL ACTIVITY ASSESSMENT

Name Elizabeth Cauley Room 413 Record No. 633-93

Admission Date 4-9-19 DOB 2-8-07 Birthplace Holyoke

Marital Status: M (W) D S Sex: M (F)

Physician Dr. Robert Mausel

Diagnosis CHF Arteriosclerotic Cardiovascular Dis

Diet NAS Diet Restrictions Chocolate

No. of Children 4 Grand 8 Great 14

Ethnic/Cultural Background French, Irish Language English

Education 8th grade Occupation Mill Worker

Work History Worked in local paper mill for 20 years.

Living Situation Prior to Admission Elderly Housing

Reason for Placement Unable To care for herself.

Past Profile of Typical Day/Week Watched Television

Visited neighbors, played cards

Contact Person/Relationship Son - John Cauley Tele No. 536 - 2037

Address 45 Glenn Street, Holyoke

Communication Problems Some memory loss, slow response to questions.

Vision Glasses Speech Good Hearing ok

Alert Yes Oriented Unaware of where she is Hand Dominance Right

The involvement section is important because it provides a history of a residents' past activities, projects, volunteer work, organizational, religious, and political participation. The information gives clues about residents' interests and activity preferences.

INVOLVEMENT

Organization Membership Inactive member of Rosary Ladies Club

Volunteer Work/Community Involvement None.

Registered Voter (Circle) (Yes) No Wish to Vote (Yes) No

Religion Catholic Place of Worship Rosary Church

Recreational Interests/Hobbies TV - Enjoys children No hobbies.

Socialization (Circle) Large Group (Small Group) or (Alone)

The next part of the form provides other information that is helpful to know. Expectation is a prospect for a future good. To help determine expectation, ask the question, what good would you expect for this person? For example, if a resident is unaware that his or her placement is long term, an expectation would be to involve the person in GAH activities and the life of the facility. For example, Mary is a shy person. She might first need to socialize with her roommates before attending activities.

Motivation is a movement toward change or what prompts one to action. Some residents have a lot of motivation to do things, others do not. If a resident is worried about the spouse left at home, there may be little motivation. If a person cannot make decisions, motivation is low. The aide needs to state these facts to help determine the best way to get the person motivated and involved.

Expectations Social involvement c̄ peers on unit

Motivational Level Unable to make decisions, feels alone.

Likes Church services, holidays, flowers

Dislikes large groups, loud music

Personal Preferences - Food Plain no gravy Color Green Other crossword puzzles

Enjoys Alcohol (Circle) Yes (No) Smokes Yes (No)

Information Collected From: Resident ✓ Family ____ Interview ✓

Observation ✓ Records ✓ Other Charts

The Activity Aide Director deals directly with families. Aides check the word only if family members pass on information to them.

To complete the Levels Of Participation section on page 2, it is important and helpful to learn the meaning of the words. Participation is having a part in some action. Level is the depth of participation in the action. The level of participation in any action is either active or passive. Active involvement in an activity requires a response or participation. The response can be oral or physical. Passive involvement in an activity requires NO response or participation.

PARTICIPATION - HAVE A PART IN THE ACTION
LEVEL - DEPTH OF INVOLVEMENT IN THE ACTION
ACTIVE - INVOLVEMENT REQUIRES AN ORAL OR PHYSICAL RESPONSE
PASSIVE - INVOLVEMENT REQUIRES NO RESPONSE OF PARTICIPATION

EXAMPLE Two people enjoy music. One person listens to it all the time. The other person plays a musical instrument. Each person is operating on a different level of participation. There is no response required of the person listening to music so the participation is passive. To play a musical instrument requires the response of reading notes and moving fingers. This participation is active.

PASSIVE	ACTIVE
Looking at pretty flowers	Planting the seed and watering the flowers
Watching sports, bingo	Playing sports, bingo
Listening to a conversation	Taking part in a conversation
Riding in a wheelchair pushed by another	Moving the wheelchair oneself
Watching a dance	Dancing

There are three types of activities: supportive, maintenance, and empowerment.

1. **SUPPORTIVE** - Activities that give help or comfort

   EXAMPLE - soft music
   - colorful objects in a room
   - sweet smells in a room

People who are physically or mentally impaired receive supportive activities.

ALMOST ALL SUPPORTIVE ACTIVITIES ARE PASSIVE.

2. **MAINTENANCE** - continue or keep existing

   EXAMPLE - exercise groups - keep up body maintenance
   - discussion groups/current events - keep mind functioning, alert
   - pet therapy - emotional well being
   - religious services - build spirituality

MOST MAINTENANCE ACTIVITIES ARE ACTIVE.

3. **EMPOWERMENT** - to enable, promote self expression, give one a sense of purpose

   EXAMPLE - volunteer services
   - resident council
   - creative activities: writing poetry
   - cooking

MOST EMPOWERMENT ACTIVITIES ARE ACTIVE.

If a person attends a sing-a-long for stimulation, it would be active maintenance. Active requires a response and maintenance means to continue or keep alive. If music is played in Joan's room to support her adjustment to GAH, the activity is supportive and passive.

LEVELS OF PARTICIPATION

	ACTIVE	PASSIVE
SUPPORTIVE		
MAINTENANCE	1:1 visit w/resident	TV in room Listens to music
EMPOWERMENT	Mass Resident Council	

SIGNATURE Mary Smith **DATE** July 29, 1994

POSITION Activity Aide

In this section, the aide makes suggestions on the type of activities that might be helpful to residents. Suggestions are made from the information and clues presented on the IAA and the initial visit to the resident. In the case of Elizabeth Cauley, she liked to watch TV. She may need music to help her during her adjustment period. Both activities are passive maintenance. Another one of her likes is church services. Attending mass would help her to redevelop a sense of purpose. Mass falls in the category of active empowerment. She also liked to visit her neighbors in the past. Perhaps a one-on-one visit to another resident would be helpful to maintain her sense of sociability. The activity is active maintenance.

It is impossible to record all information and clues about a resident's history of activities on the IAA form. When conversing with the resident during the IAA visit, other valuable information may surface that is not asked for on the form, or the aide may still have additional information gathered from the first initial visit. Therefore, it is necessary to write additional facts. Note in the examples below that the writing is always about the resident and not what the aide does.

EXAMPLES: Elizabeth Cauley is unaware of her long-term placement at GAH. She is socially uncomfortable in the presence of other. Elizabeth feels abandoned and needs a great deal of reassurance. Participation in an activity once a week may help her adjust to new surroundings.

Mr. Behan expressed interest in playing cards, particularly cribbage. He says he can't wait for his son to visit so he can play with him. Mr. Behan seems comfortable entertaining himself with solitaire and reading. Large groups disturb him. Finding a cribbage partner a couple times a week would make him very happy.

Mr. Jones is very crippled with arthritis which limits physical activity. He is a sociable person who likes people and the stimulation of conversation. He likes parties and word games.

Joseph is not happy about living at GAH. He specifically said he wasn't interested in any activities. During the IAA interview, he mentioned recently losing a son in an automobile accident. It is difficult to determine if he is depressed over the death of his son, his placement at GAH, or both.

Writing a short narrative that further explains what is on the IAA gives a clearer direction for establishing goals. The illustrations above show how important it is, not only to know each resident as an individual, but to be alert for any subjective or personal feelings that the resident might reveal. In the example about Joseph, it is important to mention the death of his son. These feelings may need to be addressed before activities are planned.

This chapter shows that a well-written IAA is a most helpful tool to determine the types of activities that will add to the quality of residents' lives. More importantly, it shows how activities can nurture respect, dignity, and love within residents' lives as well.

VOCABULARY EXERCISE

Study these vocabulary words carefully.

1. diagnosis - determine nature of a condition
2. restriction - limit
3. ethnic - race, nationality
4. active - give a response

5. passive - giving no response

6. maintenance - continue or keep existing

7. supportive - help, comfort, assistance

8. empowerment - enable

9. level - depth or position

10. preference - choose something over another

VOCABULARY EXERCISE

Match these vocabulary words with the phases below.

diagnosis	restriction	ethnic
active	passive	maintenance
supportive	empowerment	level
	preference	

1. white, French _____

2. assistance _____

3. enable _____

4. I like Bingo better than cards._____

5. no response _____

6. depth _____

7. continue _____

8. CHF _____

9. no sugar _____

10. The sandpaper is rough. _____

CHAPTER 4

FACTOR IN DEVELOPING THE CARE PLAN

The purpose of the initial visit and the completion of the IAA is to gather data to write a resident care plan. The information obtained through various documents already mentioned usually indicate residents' interest in given activities, like music, sports, cards, Bingo, etc. Tapping into these interests are usually a good place to start in establishing a care plan. There are many other factors Activity Directors consider that are helpful for an activity aide to be aware of and understand.

FORMS OF ACTIVITIES

Activities come in three forms:

1. Self Directed - watching TV, self care, crossword puzzles, meditation, etc.
2. Scheduled - bingo, sing-a-longs, parties, religious activities, etc.
3. Supervised - one-on-one conversations between resident and aide, or other person in facility, etc.

APPROACH TO EXPLAINING ACTIVITIES

The way activities are presented to the resident is important, Some residents are self-motivated and excited about activities, others are not. If the resident is involved in making the decision to attend activities, chances of participating are greater. Some residents, however, have to be coaxed, bribed, or pressured by family to attend. Residents respond more positively to one aide than another. Whatever approach works best is the one to use.

SCHEDULING

For the care plan to succeed, avoid creating conflicts by scheduling events when others are planned, like physical therapy, bath time, hair care, naps, family visits or low energy times. People have different amounts of energy at particular times of the day. When writing the schedule, the event should state when, how often and how long.

SOCIAL TENDENCIES

A resident's feelings about participating in activities raise a few questions. Does the person prefer doing activities alone, with one other person, a small group or a large group? Does the resident relate to family members, past friends, new friends made in the facility, or staff members. Answers to these questions are essential in developing a care plan.

LOCATION

The basic rule about the place where activities occur is to start where the resident is most comfortable. Some residents don't wish to leave their rooms, others can't wait to get a change of scenery. Places where people most naturally socialize are the dining room, porches, coffee shop, sitting room, or the activity room. In any event, the best place for the activity to take place is the one where the resident is most comfortable.

PREFERENCES

Physical limitations or handicaps restrict the amount of activity participation. A resident with sight problems may need a magnifying glass to play Bingo or large print

books to read. Some residents may prefer a chair with or without arms or be seated next to or away from another resident.

Another resident may wish to go everywhere with a shopping bag filled with little treasures, or dialogue with a resident in a foreign language. These preferences should be stated in the care plan. As the saying goes

DIFFERENT STROKES FOR DIFFERENT FOLKS.

COMMUNITY RESOURCES

The care plan may utilize other persons or community facilities to implement the care plan. Persons might include the resident, aides, other staff members, volunteers, friends, family members, or other residents. Community facilities might include local colleges, theaters, stores, public building, libraries, and the like.

RESPONSIBLE AGENT

The most important factor in guaranteeing a successful care plan is to be clear on who is responsible for carrying out its directives. The plan is sure to fail if the person responsible is not listed or clearly stated. Each step of the process needs information about:

WHO DOES WHAT WHEN.

For example: The aide will bring Joe and John to the Activity Room on the first Tuesday of each month between 2:00 and 3:00 p.m. to play checkers.

THE WHOLE POINT OF THE CARE PLAN IS TO PLAN.

The more simply and clearly stated the plan is, the easier for the responsible agent to follow.

EVALUATION

The final step in the process of doing a care plan is the evaluation. If goals are specific, clear, measurable, observable, and individual, the evaluation process is simple. The reason for an evaluation is to determine if the goal is achieved. In order to evaluate the goal effectively, the aide needs to document information in the Activity Log Book. Documenting information in this book is the topic of the final chapter.

VOCABULARY

Study these vocabulary words carefully.

1. scheduled - plan or list events
2. self-directed - guide or mange oneself
3. supervised - oversaw performance or work
4. resources - collective source of aid or support
5. documentation - written or printed paper furnishing information
6. tendencies - natural inclination to something
7. progress - movement toward a goal
8. preference - like one thing better than another
9. responsible - answerable for fulfilling a duty
10. evaluation - judge something of value or worth

VOCABULARY EXERCISE

Fill in the blanks below with the BEST word from the vocabulary list.

scheduled	self-directed	supervised
resources	documentation	tendencies
progress	preference	responsible
	evaluation	

1. The aide is required to do the task stated in the goal.

   _____

2. Mrs. B. likes talking with Lillian more than any other activity.

   _____

3. Some residents are more inclined to play Bingo._____

4. After the activity, the aide judged whether it was worth while or not.

   _____

5. Avoid conflicts with other planned events in the facility._____

6. The director looked at all the written information about the resident.

   _____

7. The aide oversaw the activity of the group. _____

8. After doing the task three times, there were greater chances of reaching the goal._____

9. John managed his own time to do crossword puzzles._____

10. Volunteers were used to provide music for the party._____

CHAPTER 5

GOALS

The responsibility of carrying out goals belongs to the Activity Aide. The more the aide understands about the reasoning behind the goal and how a goal is written, the easier it is to work with the goal and write information about it in the Activity Log Book. This chapter provides data about goals and how they are written and interpreted.

What is a goal and how are goals determined in the first place? According to Webster's Dictionary,

A GOAL IS SOMETHING TO BE ACCOMPLISHED.

NEEDS

In order to determine what a goal is, the needs of a resident must be known. These needs are found in various written documentation obtained at the time of admission, like the Minimum Data Set (MDS) and the Initial Activity Assessment (IAA).

A NEED IS SOMETHING NECESSARY OR DESIRABLE THAT IS MISSING OR WANTING IN A RESIDENT'S LIFE.

Completing the IAA form accurately is one of the best sources of information needed to write the activity goal in the care plan. It is the basic tool used to determine the kinds of services/activities residents need. If the IAA form is well done, the resident's needs will leap right off the page.

For example, if a recently admitted resident has difficulty finding the dining room, this is the need. The goal is written from this need. Therefore,

A GOAL BECOMES A NEED IN REVERSE.

If a resident lacks self esteem, the goal is to increase self esteem. If a resident needs companionship, the goal is to provide opportunities for socialization. If a resident needs release of tension, the goal is to release tension. If the resident needs communication, the goal is to provide opportunities for communication. If the resident's need is to become oriented to GAH, the goal must reflect that need.

DIFFERENCES BETWEEN NEEDS AND INTERESTS

Needs are sometimes difficult to pinpoint because they are confused with interests. As stated above, a need is something necessary or desirable that is missing in a resident's life. However,

AN INTEREST IS SOMETHING WHICH INSPIRES CURIOSITY OR ATTENTION.

Both needs and interests are necessary but they are distinct. For example, a past activity for a resident was playing golf. The resident suffered a stroke and can no longer use the right hand. The activity aide must determine what satisfaction the resident got from playing golf. Did the resident like being outdoors? Was the need competition with others? Did the resident play golf to be sociable with friends? Did the resident like the prestige or distinction that went along with the game?

This example shows that needs from the game vary with each individual. They include relief from the tensions of work, physical exercise, being outdoors, competition, socialization, prestige, or just plain fun.

Needs and interests are different but together they form the basis of information for a care plan. In this particular example, if the need of the resident playing golf was competition and competition is no longer available through golf, Bingo may meet the need of competition. As stated in Chapter 1, the OUTCOME (or need) of the activity is what is important. The purpose of an activity is to satisfy an inner need.

Care should be taken to be sure that interests identified are PRESENT INTERESTS. Some activities done in the past may no longer hold appeal at the present time, particularly if the resident can no longer do them or do them well.

Ideally, and whenever possible, residents should take the responsibility of fulfilling their own needs and interests. If the resident isn't aware of his or her own needs, there can be little motivation to change it. Residents should be consulted as much as possible to determine a need in order to ensure its fulfillment. Needs have a much better chance of being fulfilled if residents have a share in formulating them. This is not always easy because residents might not be aware of the need they are trying to satisfy. The role of the Activity Aide is to help the resident identify the need and how it can be met.

POINTS TO CONSIDER ABOUT NEEDS

There are four points to consider when discussing needs. The first is to ask the question, can the Activity Department solve this need? Not every need can be solved by the Activity Department. The solution may be better solved by another department in the facility.

Secondly, needs have to be prioritized. Not everything can be solved at once. A good rule to follow is to find the primary need.

THE PRIMARY NEED IS THE ONE THAT INTERFERES WITH THE FUNCTIONS OF DAILY LIVING OR THE ONES WHICH SEEM MOST IMMEDIATE AND IN NEED OF BEING ADDRESSED.

The purpose of an activity is to help a resident do something more, better, or differently. This statement leads to the third consideration. A need can also build on a resident's strengths or assets. For example, if a resident can't use her left hand, a solution to the need might be to have the resident try to do more things with the right hand. This activity builds on strengths residents already possess.

The last consideration about need is that the words "as evidenced by" are often used to identify a need or problem. For example, Mrs. Beavers has a short attention span, as evidenced by her inability to stay with any project for more than five minutes. Using the words, "as evidenced by" clarifies the purpose and direction of the goal.

LONG AND SHORT RANGE GOALS

Goals are long range and short range. The main difference between a long range and a short range goal, obviously, is time. A long range goal is usually futuristic and covers a period over six months to a year. The short range goal is more current and covers less than a six month period. Another important difference is that the wording of long range goals are general while short range goals are more specific.

EXAMPLE: **LONG RANGE GOAL** - John will be more socially involved with other residents within six months. (General)

SHORT RANGE GOAL - John will accompany his friend, Joe, to Bingo 2 x a week for 8 weeks. (Specific)

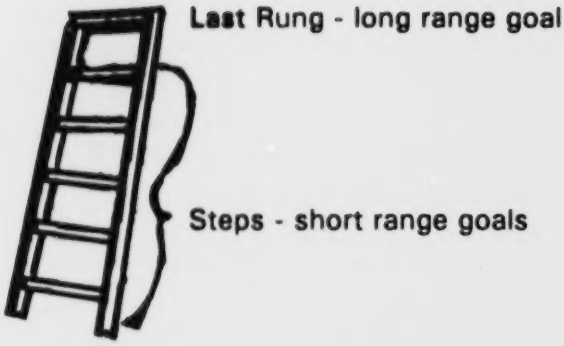
Another difference is that a long range goal is resident related. That is, it always refers to what is accomplished by the resident. The short term goal is activity related and tells HOW the activity aide goes about implementing the long range goal.

LONG RANGE GOAL - RELATED TO THE RESIDENT

SHORT RANGE GOAL - RELATED TO THE ACTIVITY

To fulfill the goal, it is important to know two facts: where the resident is trying to go (long range goal) and figure out a plan on how to get there (short range goal.)

A good illustration often used to help clarify the difference between a long range and a short range goal is the step ladder. The last rung at the top of the ladder is the long range goal, the end result, the outcome. The steps leading to the last rung are the short range goals steps taken to achieve the long range goal.



Note that the short range goal feeds into the long range goal. The short range goal is the FIRST step in achieving the long range goal. After a series of short range goals, the long range goal is usually attained. At the quarterly review, the Director evaluates the long range goal and changes it if necessary. Once the long range goal is attained, a new one is written and the same process starts all over again. A short term goal is not usually repeated unless there is a good reason. Another short term goal is written to help attain the long term goal.

Activity aides are responsible for carrying out the tasks specified in the short range goal. To fulfill this responsibility well, the short range goal must be clear.

CRITERIA FOR SETTING SHORT RANGE GOALS

Short range goals should be specific, measurable, realistic, observable, and individualistic.

SPECIFIC - **KNOW EXACTLY WHAT TO DO**

MEASURABLE - **CAN BE MEASURED, DETERMINED OR JUDGED**

OBSERVABLE - **ACTION MUST BE SEEN**

INDIVIDUAL - **UNIQUE TO EACH PERSON**

For example, Mr. Brown, a recent admission, needs to learn to make choices. The long range goal is Mr. Brown will be able to make choices within six months. The short range goals is Mr. Brown will pick 2 books offered by the Activity Aide 2x a week for 3 months.

This above goal meets the criteria listed above. The goal is clear, written in understandable language and is easy to evaluate. Either Mr. Brown selects two books twice a week or he doesn't.

When writing a goal, the Activity Director considers the following criteria:

1. have an end result
2. be measurable: how often, how much, how long, how fast, etc.
3. date the activity is completed or reviewed
4. under what conditions is the activity done
5. where is the activity to take place
6. who are the people with whom the activity done.

EXAMPLES OF GOALS

Study and analyze these goal with the criteria stated above.

NEED	Mary is disoriented and cannot find her way around GAH.
LONG RANGE GOAL	Mary will find her way to the dining room without getting lost within the next six months.
SHORT RANGE GOAL	Using a map, Mary will find her way to the dining room three time a day for a month.

NEED	John refuses to enter into a conversation with others.
LONG RANGE GOAL	John will be encouraged to join in conversations with others within six months.
SHORT RANGE GOAL	John will go to the coffee shop every Tuesday afternoon for a month and respond to a conversation specifically directed to him by the aide.

NEED	Mrs. Quinn has a short attention span.
LONG RANGE GOAL	Mrs. Quinn will increase her attention span in six months.
SHORT RANGE GOAL	Mrs. Quinn will concentrate on her knitting for 10 minutes 3x a week for two months.

NEED	Mr. Jones does not respond to people.
LONG RANGE GOAL	Mr. Jones will learn to respond to people within six months.
SHORT RANGE GOAL	Mr. Jones will respond 5x a week for a month when specifically addressed by the activity aide.

NEED	Mrs. Labell wishes to strengthen her relationship with God.
LONG RANGE GOAL	Mrs. Labell will be oriented to religious activities offered at GAH.
SHORT RANGE GOAL	Mrs. Labell will be invited and transported to Mass 2x a week for 4 weeks.

FORMULA FOR WRITING SHORT RANGE GOALS

There is a simple formula used to write a short range goal. Consider four parts:

1. Problem, 2. Activity, 3. Assistance, 4. Time

SHORT RANGE GOAL	Mr. Brown is unable to make choices. He will select 2 different books offered by the activity aide 2x a week for a period of 3 months.
PROBLEM	unable to make choices
ACTIVITY	select 2 different books
ASSISTANCE	offered by the activity aide (or others)
TIME	2 x a week for 3 months

EXERCISES

Analyze the following goals according to the formula above.

1. Mrs. Green will become more socially involved. She will go with her roommate to the sing-a-long 1x a week for 3 months.

PROBLEM_____

ACTIVITY_____

ASSISTANCE_____

TIME_____

2. Mrs. Peters feels her life has been a failure. She will play a more active role in Memories Activity by telling one story a week for 3 months about a successful teaching experience.

PROBLEM_____

ACTIVITY_____

ASSISTANCE_____

TIME_____

3. Mrs. G. is unaware that the beverage she drinks is hot or cold. For 3 months, she will state that the drink served her at each activity she attends is either hot or cold.

PROBLEM_____

ACTIVITY_____

ASSISTANCE_____

TIME_____

Using the formula as a guide, write your own goal._____

_____

_____

_____

VOCABULARY

Study these vocabulary words carefully.

1. goal - something to be accomplished
2. need - something necessary or desirable
3. interest - that which inspires curiosity or attention
4. measurable - can be determined or judged
5. specific - know exactly what to do
6. realistic - reasonable
7. observable - ability to be seen
8. individual - unique to each person
9. primary - first in order
10. illustration - picture

VOCABULARY EXERCISE

Match the vocabulary words with the correct meaning.

goal	need	interest
measurable	specific	realistic
observable	individual	primary
	illustration	

1. end result _____
2. exact _____
3. seen _____
4. necessary _____

5. determined _____

6. one _____

7. curious _____

8. first _____

9. real _____

10. picture _____

EXERCISE

Write long range goal or short range goal after each phrase listed below.

1. Mrs. Jones will respond to others addressing her by name within the year.

   _____

2. Mr. Smith will find his way to the dining room without getting lost after six months._____

3. John will participate in a small group on his unit for 10 minutes without yelling 2x a month._____

4. Mrs. Quinn will do her knitting 10 minutes 3x a week for 4 weeks.

   _____

5. Mr. T. will perform tasks within his capacity by himself in six months.

   _____

6. Mr. T. will wheel himself to the dining room from the Activity Room 2x a week._____

7. Mrs. Jones will respond when the Activity Aide shakes her hand 2x a week for three weeks._____

8. Miss L. will join others in conversation within the year._____

9. Miss L. will join another resident in the coffee room and respond to a conversation directed at her once a week for 3 months._____

10. Mr. Feeley will be more socially involved within the next six months.

_____

Mr. Brown was a newspaper writer before residing at GAH. He misses writing because it gave him a chance to express himself creatively. The goal is to increase his creativity by writing 20 minutes 2x a week to publish an article in the GAH Newsletter within the next three months. Analyze the goal according to the formula presented below.

1. Activity _____

2. Measurement _____

3. Level of Assistance _____

4. As Evidenced by _____

5. Time _____

CHAPTER 6

DOCUMENTATION

Many wonderful contributions and services rendered are made by Activity Aides to increase the well being and quality of life for each resident. However, if these valuable contributions are not recorded, they are considered lost. There is a basic rule which states,

IF INFORMATION IS NOT WRITTEN DOWN

IT DIDN'T HAPPEN.

The purpose of any record is to document facts that may not otherwise be remembered. To determine the effectiveness of resident care, there must be a record. As stated in Chapter 1, nursing homes must meet state requirements for certification. Documentation is a requirement for certification. If personnel fail to document services rendered, the nursing home stands to lose Medicare and Medicaid reimbursements. The amount of reimbursements is determine by the number and kind of services rendered. If rendered services are not recorded, they didn't happen. Therefore, there can be no reimbursement of funds. This situation makes the difference as to whether a nursing home stays in operation of not. Facilities cannot survive without Medicare and Medicaid payments.

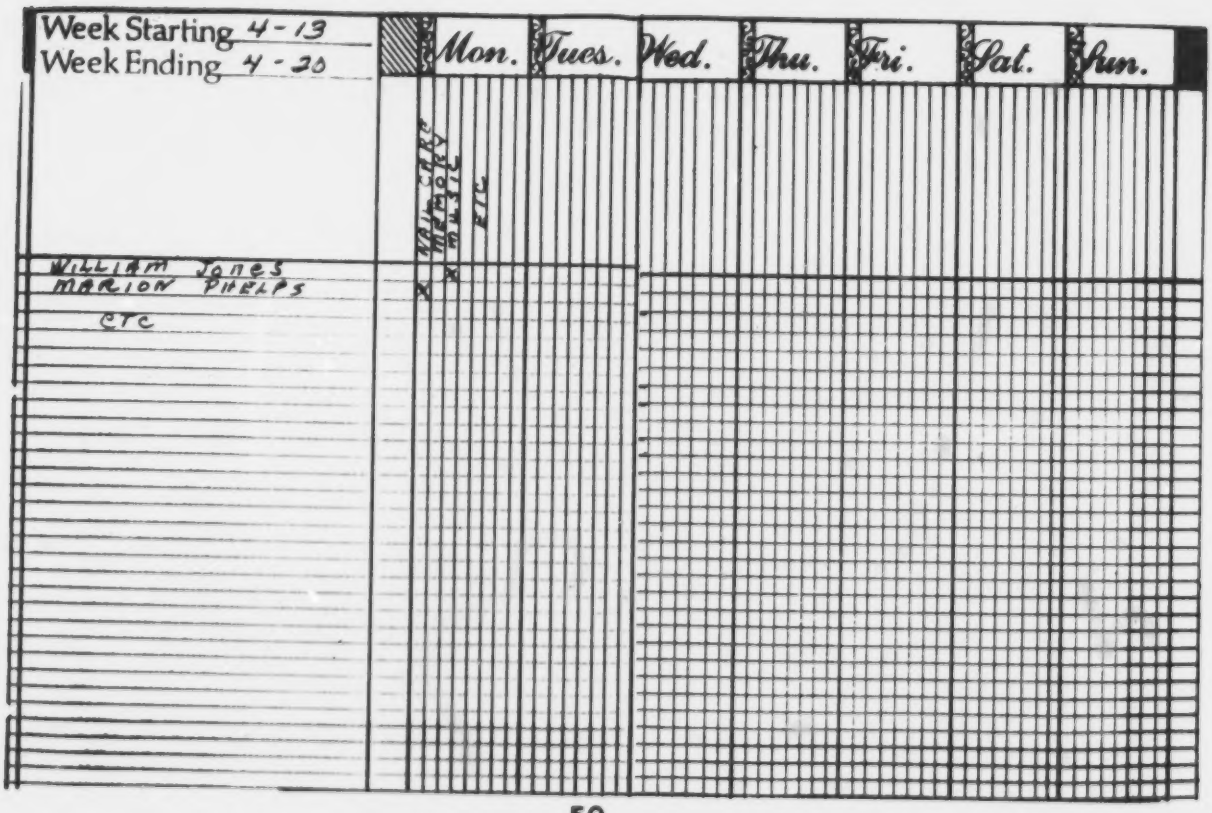
Another advantage to documentation is that it gives credibility to the Activity Department and places it on the same level as any other department within the facility. As mentioned earlier, the Activity Department joins other departments as a

team to help establish care plans for residents. Documentation helps promote communication between staff members and ensures continuity of care by making valuable information available to all members who come in contact with the resident.

The three major areas of documentation are the IAA form which was discussed in a previous chapter, the Daily Participation Sheet and the Activity Log Book.

DAILY PARTICIPATION SHEET

The Daily Participation Sheet is a weekly record of activities offered and the name of residents who attend these functions. The form is relatively easy to complete. On the top of the following page is a small sample of the Daily Participation Sheet and how it is written.



ACTIVITY LOG BOOK

An important fact to remember about documentation is that the information recorded is always about the resident. The data is NOT about what the Activity Aide does. The data is a description of what the Activity Aide observes about a resident during specific activities. The aide records the information in the Activity Log Book. (Sometimes this book is referred to as Progress Notes.)

The purpose of the Acticity Log Book is to evaluate the PROGRESS of the resident in achieving the outcome of the goal on the Care Plan. For this reason, the data recorded always refers to and is related to the goal.

Documentation in the Activity Log Book is a RESPONSE to care. It is what the resident does to achieve a goal. If the goals are clear, it is a simple matter to write the response in the Activity Log Book.

THE ACTIVITY LOG BOOK IS A DESCRIPTION OF WHAT THE ADIE SEES AND HEARS DURING ACTIVITIES.

The Activity Director or Assistant consults the Activity Log Book to determing if residents' goals are realistic and how they are progressing. A goal may need to be repeated, revised, or new steps added. If the resident is not making progress, a new goal may have to be written by the Director or Assistant.

ACTIVITY LOG DOCUMENTATION

The Activity Log includes a report, or an update on the progress, or outcome of the goal; that is, the things that happen to a resident as a result of participating in an activity. Include all attempts (or lack of) a resident makes in working on a particular goal.

EXAMPLES OF DOCUMENTATION

LONG RANGE GOAL Mr. Brown is unable to make choices. He will increase his ability to make independent decisions.

SHORT RANGE GOAL Mr. Brown will select 2 different books offered by the Activity Aide 2x a week.

ACTIVITY LOG 9-2-19-- Mr. Brown chose only one mystery books during the visits made these last two weeks.

9-9-19-- Mr. Brown returned the mystery book given him last week. He said the print was too small. His attitude about reading was positive.

9-15-19-- Mr. Browns's daughter visited this week and left him a copy of Time. When asked if he would rather have a copy of Time or a large print of Readers' Digest, he could not make the choice.

9-22-19-- Met Mr. Browns's daughter when visiting him today. When the daughter asked her father what he would like for his birthday, he told her he needed more comfortable slippers. He made the choice himself.

LONG RANGE GOAL Mary will find her way to the dining room within the next three months without getting lost.

SHORT RANGE GOAL Using a map, Mary will find her way to the dining room three times a week for three months.

ACTIVITY LOG Mary had great difficulty reading the map on her first trip to the dining room. After showing her how to read the map and doing a dry run trip to the dining room, Mary successfully managed three trips to the dining room three times a week.

Notice in the above examples that the information in the Activity Log referred to the outcome of the goal. In the case of Mr. Brown, needing to make independent choices, it was important to record that Mr. Brown made a choice or decision about getting slippers for his birthday. The important part of this information is that Mr. Brown made a decision. Even if it went beycnd the choice of the books, it was important to the outcome of the goal that the birthday decision be recorded.

SHORT RANGE GOAL Mr. G will take the responsibility to suggest a topic for at least one Music Club meeting over the next three months.

ACTIVITY LOG 6-12-19-- Although Mr. G attends the Music Club meeting each week, he fails to participate in any way. He did, however, show some interest in conversing with Mrs. Blue during the meeting.

7-8-19-- Mr. G. seemed hostile during Music Club activities. He showed little interest in the music played, unlike his behavior in previous meeting over the past month. He remarked that he didn't wish to attend the activity anymore.

8-1-19-- Mr. G has not attended the Music Club meeting over the last three weeks.

SHORT RANGE GOAL Mrs. Quinn will concentrate on her knitting for 10 minutes 3x a week.

ACTIVITY LOG Over the last two weeks, Mrs. Quinn spent most of her time watching TV. She told the Activity Aide about the knitting project but has not shown it to her. It may be possible she has forgotten how to do it.

LONG RANGE GOAL Mrs. Labell wishes to strengthen her relationship with God

SHORT RANGE GOAL Mrs. Labell will be invited and transported to Mass 2 x a week for the next three months.

ACTIVITY LOG 3-6-19-- Mrs. Labell attends Mass regularly over the last 4 weeks and remarks how happy she is to have the opportunity to prepare herself for death.

4-26-19-- Mrs. Labell attended Mass only once this month. She complains constantly about her health. She was heard telling her friends she is prepared to die.

WHAT TO OBSERVE FOR DOCUMENTATION

As noted from these examples, an aide needs to be observant about any type of behavior that affects the outcome of the goal. What are some of the things to look for and record when observing residents? Record any information about the person's behavior that is related in any way to the goal. Below are some examples of what to observe and document.

MOODS AND MOOD SWINGS: Happy, sad, hostile

MENTAL CONDITION: confusion, alertness, remembers no past events, can't make a decision, short attention span, no attention span

BEHAVIORS: withdrawal, aggressiveness

FEELINGS: both negative and positive

ANY NEW INFORMATION ABOUT THE RESIDENT THAT RELATED TO THE GOAL

PHYSICAL OBSERVATIONS: wear glasses, hearing aide, fatigue, pain poor balance

MOBILITY: moves slowly, with or without assistance, wheelchair confinement

SOCIALIZATION: seeks out relationships, shy, limited to one's room, afraid other residents won't accept him/her, self conscious, aloof, conversation

is limited, doesn't care for activities, fears other people

APPEARANCE: well groomed, doesn't care about appearance

COMMUNICATION: no difficulty communicating, slow in responding to others, talks to everyone, monopolizes every conversation

ATTITUDES: anxious, nervous, resentful, angry, mourning losses in life, lacks interest in things, positive about everything, never complains doesn't care where she is, needs constant reassurance

SUMMARY

Sometimes it is easier to understand individual parts of anything when they are seen within the context of the whole. Although the Activity Aide is not responsible for writing goals on the Care Plan, it is necessary to know what information is needed by the Activity Director to write a goal. An Activity Aide needs to know how a goal is formulated in order to carry out the goal. The aide also needs to know the type of documentation needed to supply the Activity Director with information to review, revise, and rewrite goals. All individual parts must work together to ensure a smooth operation of the whole Activity Department.

What this Activity Aides Handbook has tried to do is look at the whole process of activities from beginning to end. The first chapter looked into the changing role of activity aides after OBRA legislation. Chapter 2 discussed how aides should approach the resident during their initial meeting. Filling out the Initial Activity Assessment was clarified in Chapter 3. Factors in developing the Care Plan followed in Chapter 4.

Chapter 5 outlined how to write goals while Chapter 6 explained how to document and update information pertaining to the outcome of the goals.

Working with the elderly who can no longer care for themselves is a most fulfilling and satisfying experience. In our society, old age is often regarded negatively as the end of the line where people mark time until death comes. Every period in a person's life is valuable. This is particularly true of old age. It is a time where past events in a resident's life can be healed, forgiven, appreciated, enjoyed, and brought to conclusion. It is a time of thanksgiving for one's entire life. It is a time when residents can prepare themselves for the most important moment of their life, death.

In spite of physical weakness or mental deterioration, a human being needs to be treated with respect, love, and dignity. A good guide for the Activity Aide in this regard is the golden rule.

TREAT OTHER AS YOU WOULD WISH TO BE TREATED YOURSELF IN THE SAME CIRCUMSTANCES.

VOCABULARY

Study these vocabulary words carefully.

1. documentation - written or printed information or evidence
2. credibility - capable of being believed, opinion valued
3. continuity - being continuous

4. progress - movement toward a goal

5. observe - see and notice

6. determine - make a decision

7. process - series of actions leading to an end

8. attitude - feelings about a person or thing

9. revise - change, improve

10. participation - have a part in

VOCABULARY EXERCISE

Write the vocabulary word that BEST defines the statements below.

documentation	progress	attitude
credibility	observe	revise
continuity	determine	participation
	process	

1. Some people regard old people negatively._____

2. Valuing information from aides about resident care_____

3. Continuing over a period of time_____

4. written information_____

5. share in forming resident's care plan_____

6. make a decision_____

7. movement toward a goal_____

8. change or improve_____

9. series of events leading to something_____

10. notice or see_____

DOCUMENTATION EXERCISE

Write documentation about the following goals.

1. Mr. Beaman will take on the role of "greeter" and welcome each person as they arrive for Bingo 1x a week for 3 months.

_____

_____

_____

2. Joan will identify sandpaper as rough or smooth 1x a week for 3 months. If she does not state how the object feels, the aide will ask Joan if it feels smooth or rough.

_____

_____

_____

3. Mary will complete 1/2 of a puzzle with a peer before trying to leave the session 1x a week by May, 19--.

_____

_____

_____

ACTIVITY DEPARTMENT PROCESS

AIDE		ACTIVITY DIRECTOR AND ASSISTANT
	RESIDENT ADMISSION	
LEARN & RECORD INFORMATION	AIDE REVIEWS PERTINENT INFORMATION FROM RECORDS	
INITIAL VISIT	AIDE INFORMALLY VISITS RESIDENT (WITHIN 24 HOURS)	
COMPLETE IAA	AIDE FORMALLY VISITS RESIDENT FOR IAA INFORMATION (WITHIN 14 DAYS)	
ACTIVITY LOG BOOK	AIDE MAINTAINS DAILY PARTICIPATION SHEET AND ACTIVITY LOG BOOK	
	ACTIVITY DIRECTOR AND ASSISTANT WRITE GOALS FROM INFORMATION ON IAA, ACTIVITY LOG AND DAILY PARTICIPATION SHEET	CARE PLAN
	AIDE CARRIES OUT GOALS AND DOCUMENTS RELATED INFORMATION WEEKLY IN ACTIVITY LOG BOOK	
QUARTERLY REPORT	QUARTERLY REPORTS (PROGRESS NOTES) WRITTEN BY DIRECTOR, ASSISTANT OR AIDE	QUARTERLY REPORT

ACTIVITY AIDE JOB DESCRIPTION

GENERAL DESCRIPTION

Assists carrying out all aspects of the activity program. Provides individual and group activities designed to encourage social interaction and communication with all clients. These activities provide physical, spiritual, social, emotional, and intellectual stimulation for clients.

RESPONSIBILITIES

1. Runs individual and group activities designed to meet clients needs.
2. Maintains all required records.
3. Participates in planning monthly calendar of activities.
4. Works independently in carrying out activity program.
5. Works with clients on many different functioning levels.
6. Maintains neat orderly, and clean activity areas.
7. Ensures client safety at all times.
8. Additional duties as assigned by supervisor.

QUALIFICATIONS

Able to communicate in English with clients, second language a plus.
Able to plan and carry out activities independently.
High school diploma or equivalent preferred.

WORKING ENVIRONMENT

Well lighted, heated and ventilated rooms and units.
Work areas are activity room and residents room.
May work outdoors if weather permits.
Aides are accountable to the Activity Director

10/91

SUPPLEMENTARY MATERIALS

HOLYOKE GERIATRIC CENTER RECREATION THERAPY CALENDAR

MONTH: MARCH, 1993 BUILD : A

Sunday	Monday 1	Tuesday 2	Wednesday 3	Thursday 4	Friday 5	Saturday 6
	9:45 Nail Care Movement to Music 9:30 9:45 10:15 A4 A3 A2 2:00 MASS	Memories 9:30 9:30 10:15 A4 A3 A2 10:30 Reactivity Group 1:30 BINGO	Gospel Music 9:30 10:15 A4 & A3 A2 2:00 MUSIC WITH LILLIAN & PUB	Current Events 9:30 9:30 10:30 A4 A3 A2 10:15 Art Therapy 10:30 Reactivity Group 1:30 HORSE RACE	Rosary 9:30 10:00 10:30 A4 A3 A2 10:15 M.D. SERVICE 1:30 MUMMERS VIDEO 3:00 Pub	
Sunday 7	**Monday 8**	**Tuesday 9**	**Wednesday 10**	**Thursday 11**	**Friday 12**	**Saturday 13**
1:45 FAITH ASSEMBLY OF GOD	9:45 Nail Care Movement to Music 9:30 9:30 10:15 A4 A3 A2 1:30 BINGO 3:00 Retirees	Crafts 9:30 9:30 10:15 A4 A3 A2 10:30 Reactivity Group 1:45 COLLEEN CORONATION w/Tom Bilodeau	Gospel Music 9:30 10:15 A4 & A3 A2 2:00 MUSIC WITH LILLIAN & PUB 2:00 Max & Tina	Current Events 9:30 9:30 10:30 A4 A3 A2 10:15 Art Therapy 10:30 Reactivity Group 2:00 MASS	Rosary 9:30 10:00 10:30 A4 A3 A2 1:30 RESIDENT COUNCIL 3:00 Pub	2:00 Stacia
Sunday 14	**Monday 15**	**Tuesday 16**	**Wednesday 17**	**Thursday 18**	**Friday 19**	**Saturday 20**
	9:45 Nail Care Al Payne - Banjo 9:30 10:15 10:45 A4 A3 A2 1:30 BINGO	Penny Ante 9:30 9:30 10:15 A4 A3 A2 10:30 Reactivity Group 1:45 BIRTHDAY PARTY	Gospel Music 9:30 10:15 A4 & A3 A2 2:00 MUSIC WITH LILLIAN & PUB 2:00 A4 Tea Party	Current Events 9:30 9:30 10:30 A4 A3 A2 10:15 Art Therapy 10:30 Reactivity Group 2:00 MASS	9 - 3 BAKE SALE PROCEEDS FOR RESIDENT VOLUNTEER LUNCHEON 3:00 Pub	MUMMERS
Sunday 21	**Monday 22**	**Tuesday 23**	**Wednesday 24**	**Thursday 25**	**Friday 26**	**Saturday 27**
1:45 FAITH ASSEMBLY OF GOD	9:45 Nail Care Movement to Music 9:30 9:30 10:15 A4 A3 A2 1:30 BINGO 3:00 Retirees Club	Memories 9:30 9:30 10:15 A4 A3 A2 10:00 Reactivity Group 1:30 HORSE RACE 6:30 BINGO	Gospel Music 9:30 10:15 A4 & A3 A2 2:00 MUSIC WITH LILLIAN & PUB 2:00 Max & Tina	Current Events 9:30 9:30 10:30 A4 A3 A2 10:15 Art Therapy 10:30 Reactivity Group 2:00 MASS	Rosary 9:30 10:00 10:30 A4 A3 A2 1:30 PROTESTANT SERVICE 3:00 Pub	
Sunday 28	**Monday 29**	**Tuesday 30**	**Wednesday 31**	**Thursday**	**Friday**	**Saturday**
10:00 HOLY FAMILY COMMUNION	9:45 Nail Care Movement to Music 9:30 9:30 10:15 A4 A3 A2 1:30 BINGO	Memories 9:30 9:30 10:15 A4 A3 A2 1:30 CRAFTS	Gospel Music 9:30 10:15 A4 & A3 A2 2:00 MUSIC WITH LILLIAN & PUB	BARBER: March 25, 1993		

BEST COPY AVAILABLE

ANSWER SHEET

VOCABULARY EXERCISE, PAGE 8

1. certification
2. emphasis
3. therapeutic
4. congenial
5. quality
6. goal
7. requirement
8. outcome
9. activity
10. stimulation

READING COMPREHENSION EXERCISE, PAGES 8-9

1. Medicare, Medicaid funds
2. Anything a person does during waking hours that is not considered medical treatment.
3. OBRA law
4. See page 4 for answer.
5. See page 6 for answer.
6. See page 6 for answer.
7. treating the whole person
8. all needs of the resident: physical, psychological, emotional and social

EXERCISE, PAGE 13

1. interdisciplinary
2. assessment
3. MDS
4. IAA
5. 20
6. Answers will vary.

VOCABULARY EXERCISE, PAGES 19-20

1. distraction
2. affiliation
3. preliminary
4. atmosphere
5. objective or reveal
6. sensitive
7. negative
8. positive or subjective

READING EXERCISE, PAGE 20

1. name of resident, religion, name of church
2. within 24 hours
3. See page 3 for answer.
4. See page 5 for answer.
5. Consult the Activity Director.

VOCABULARY EXERCISE, PAGE 30

1. ethnic
2. supportive
3. empowerment
4. preference
5. passive
6. level
7. maintenance
8. diagnosis
9. restriction
10. active

VOCABULARY EXERCISE, PAGE 35

1. responsible
2. preference
3. tendencies
4. evaluation
5. scheduled
6. documentation
7. supervised
8. progress
9. self-directed
10. resources

EXERCISE, PAGES 44-45

1. Problem - is not socially involved
   Activity - go to activity
   Assistance - with roommate
   Time - 1x a week for 3 months

2. Problem- feels life is a failure
   Activity - tell a story of a successful teaching experience
   Assistance - aide and other resident
   Time - 1x a week for 3 months

3. Problem - unable to determine hot or cold beverages
   Activity - tell if drink served is either hot or cold
   Assistance - activity aide
   Time - each activity attended for 3 months

VOCABULARY, PAGES 46-47

1. goal
2. specific
3. observable
4. need
5. measurable
6. individual
7. interest
8. primary
9. realistic
10. illustration

VOCABULARY EXERCISE, PAGE 30

1. ethnic
2. supportive
3. empowerment
4. preference
5. passive
6. level
7. maintenance
8. diagnosis
9. restriction
10. active

VOCABULARY EXERCISE, PAGE 35

1. responsible
2. preference
3. tendencies
4. evaluation
5. scheduled
6. documentation
7. supervised
8. progress
9. self-directed
10. resources

EXERCISE, PAGES 44-45

1. Problem - is not socially involved
   Activity - go to activity
   Assistance - with roommate
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   Assistance - aide and other resident
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   Activity - tell if drink served is either hot or cold
   Assistance - activity aide
   Time - each activity attended for 3 months

VOCABULARY, PAGES 46-47

1. goal
2. specific
3. observable
4. need
5. measurable
6. individual
7. interest
8. primary
9. realistic
10. illustration

EXERCISE, PAGES 47-48

1. long range
2. long range
3. short range
4. short range
5. long range'
6. short range
7. short range
8. long range
9. short range
10. long range

Activity - write an article for GAH newsletter
Measurement - a written article
Level of Assistance - Activity Aide
As Evidenced By - misses writing and being creative
Time - 20 minutes 2x a week, article written within 3 months

VOCABULARY EXERCISE, PAGE 59

1. attitude
2. credibility
3. continuity
4. documentation
5. participation
6. determine
7. progress
8. revise
9. process
10. observe

DOCUMENTATION EXERCISE, PAGE 60

Answers will vary.

ABBREVIATIONS

A.D.A	American Diabetic Association
ADL	activities of daily living
Ad lib	at will, at liberty
adm.	admission, admitted
AK	above knee
AKA	above knee amputation
am, a.m., AM	morning
ama, a.m.a.	against medical advice
amb.	ambulate, ambulatory
AMI	acute myocardial infarction
Amp.	amputation
amt.	amount
A & O	alert and oriented
AODM	adult onset diabetes mellitus
AROM	active range of motion
A/B, B&B	bowel and bladder
bid, b.i.d., BID	twice a day
BKA	below knee amputation
BM	bowel movement
BNR	by next review
BP	blood pressure

BR	bathroom
BRP	bathroom privileges
BW	body weight
c	with
CA	carcinoma, cancer
cath	catheter
CBR	complete bed rest
CG	contact guard
CHD	coronary heart disease
CHF	congestive heart failure
CNA	certified nurses's assistant
C/O, c/o	complaint of
con't, cont'd, cont.	continued
COTA	Certified Occupational Therapy Assistant
CP	care plan
D/C	discontinue
Dr.	doctor
DR	dining room
D/T	due to
Dx/Diag	diagnosis
e.g.	for complete
ETOH	alcohol/ethanol

G/c	geri chair
Hs.	bedtime
hr	hour
Hx	history
I & O	intake and output
incr.	increases
M.D.	Medical Doctor
Na	sodium
NH	Nursing Home
NKA	no known allergies
N.N.	nursing notes
NPO	nothing by mouth
OBS	Organic Brain Syndrome
OOB	out of bed
OOR	out of room
OT	Occupational Therapy
O2	oxygen
PT	Physical Therapy
PTA	prior to admission
Q____hrs.	every (fill in number of hrs.) hrs.
q.d.	every day
q.i.d.	four times a day

qh	every hour
q.s	quantity sufficient
Rehab	rehabilitation
Res.	resident
ROM	range of motion
SNF	Skilled Nursing Facility
SOB	shortness of breath
s/s	signs & symbols
TLC	tender loving care
WC, wc	wheelchair

SYMBOLS

⇄	to and from
>	greater than
<	less than
$\bar{p}$	after
$\bar{a}$	before
$\bar{c}$	with
$\bar{s}$	without
//	parallel bars
↑	increase, up
↓	decrease
+	plus

−	minus
±	plus or minus
?	questionable, question of
(I)	independent
(A)	assist
(T)	total
2°	secondary to
(R)	right
(L)	left
Δ	change
(D)	dependent

ACTIVITY PROGRESS NOTES

DATE	Notes should be signed followed by title

Family Name	First Name	Rm. No.	Patient No.

MINIMUM DATA SET

FOR NURSING FACILITY RESIDENT ASSESSMENT AND CARE SCREENING (MDS)

(Status in last 7 days, unless other time frame indicated)

Code "NA" or (—) = Information unavailable or untrustworthy

[ ] = Write in the appropriate alpha or numeric response

[ ] = Check (✓) if response is applicable

UPON COMPLETION OF THIS FORM, GO TO RAP TRIGGER LEGEND.

SECTION A. IDENTIFICATION AND BACKGROUND INFORMATION

1.	ASSESSMENT DATE	Month — Day — Year
2.	RESIDENT NAME	(First) (Middle Initial) (Last)
3.	SOCIAL SECURITY NO.	
4.	MEDICAID NO. (If applicable)	
5.	MEDICAL RECORD NO.	
6.	REASON FOR ASSESSMENT	1. Initial admission assess. 2. Hosp/Medicare reassess. 3. Readmission assessment 4. Annual assessment 5. Significant change in status 6. Other (e.g., UR)
7.	CURRENT PAYMENT SOURCE(S) FOR N.H. STAY	*(Billing Office to indicate: check all that apply)* a. Medicaid b. Medicare c. CHAMPUS d. VA e. Self pay/Private insurance f. Other
8.	RESPONSIBILITY/ LEGAL GUARDIAN	*(Check all that apply)* a. Legal guardian b. Other legal oversight c. Durable power attrny./ health care proxy d. Family member responsible e. Resident responsible f. NONE OF ABOVE
9.	ADVANCED DIRECTIVES	*(For those items with supporting documentation in the medical record, check all that apply)* a. Living will b. Do not resuscitate c. Do not hospitalize d. Organ donation e. Autopsy request f. Feeding restrictions g. Medication restrictions h. Other treatment restrictions i. NONE OF ABOVE
10.	DISCHARGE PLANNED WITHIN 3 MOS.	*(Does not include discharge due to death)* 0. No 1. Yes 2. Unknown/uncertain
11.	PARTICIPATE IN ASSESSMENT	a. Resident 0. No 1. Yes b. Family 0. No 1. Yes 2. No family
12.	SIGNATURES (Indicate section(s) completed next to name)	Signature & Date of RN Assessment Coordinator; Signatures, Titles & Dates of Others Who Completed Part of the Assessment

SECTION B. COGNITIVE PATTERNS

1.	COMATOSE	*(Persistent vegetative state/no discernible consciousness)* 0. No 1. Yes *(Skip to SECTION E)*
2.	MEMORY	*(Recall of what was learned or known)* a. Short-term memory OK—seems/appears to recall after 5 minutes 0. Memory OK 1. Memory problem ▲ b. Long-term memory OK—seems/appears to recall long past 0. Memory OK 1. Memory problem ▲
3.	MEMORY/ RECALL ABILITY	*(Check all that resident normally able to recall during last 7 days)* (Never than 3 = ▲) a. Current season b. Location of own room c. Staff names/faces d. That he/she is in a nursing home e. NONE OF ABOVE are recalled
4.	COGNITIVE SKILLS FOR DAILY DECISION-MAKING	(Made decisions regarding tasks of daily life) 0. Independent—decisions consistent/reasonable ▲ 1. Modified independence—some difficulty in new situations only ▲ ▲ 2. Moderately impaired—decisions poor; cues/ supervision required ▲ ▲ 3. Severely impaired—never/rarely made decisions ▲
5.	INDICATORS OF DELIRIUM —PERIODIC DISORDERED THINKING/ AWARENESS	*(Check if condition over last 7 days appears different from usual functioning)* a. Less alert, easily distracted ● b. Changing awareness of environment ● c. Episodes of incoherent speech ● d. Periods of motor restlessness or lethargy ● e. Cognitive ability varies over course of day ● f. NONE OF ABOVE
6.	CHANGE IN COGNITIVE STATUS	Change in resident's cognitive status, skills, or abilities in last 90 days 0. No change 1. Improved 2. Deteriorated ● ▲

SECTION C. COMMUNICATION/HEARING PATTERNS

1.	HEARING	*(With hearing appliance, if used)* 0. Hears adequately—normal talk, TV, phone 1. Minimal difficulty when not in quiet setting 2. Hears in special situation only—speaker has to adjust tonal quality and speak distinctly 3. Highly impaired/absence of useful hearing
2.	COMMUNICATION DEVICES/ TECHNIQUES	*(Check all that apply during last 7 days)* a. Hearing aid, present and used b. Hearing aid, present and not used c. Other receptive comm. technique used (e.g., lip read) d. NONE OF ABOVE
3.	MODES OF EXPRESSION	*(Check all used by resident to make needs known)* a. Speech b. Writing messages to express or clarify needs c. Signs/gestures/sounds d. Communication board e. Other f. NONE OF ABOVE
4.	MAKING SELF UNDERSTOOD	*(Express information content—however able)* 0. Understood 1. Usually Understood-difficulty finding words or finishing thoughts 2. Sometimes Understood-ability is limited to making concrete requests ▲ 3. Rarely/Never Understood ▲
5.	ABILITY TO UNDERSTAND OTHERS	*(Understanding verbal information content-however able)* 0. Understands 1. Usually Understands-may miss some part/intent of message ▲ 2. Sometimes Understands-responds adequately to simple, direct communication 3. Rarely/Never Understands ▲ ▲ ▲
6.	CHANGE IN COMMUNICATION/ HEARING	Resident's ability to express, understand or hear information has changed over last 90 days 0. No change 1. Improved 2. Deteriorated ●

SECTION D. VISION PATTERNS

1.	VISION	*(Ability to see in adequate light and with glasses if used)* 0. Adequate—sees fine detail, including regular print in newspapers/books 1. Impaired—sees large print, but not regular print in newspapers/books ● 2. Highly impaired—limited vision, not able to see newspaper headlines, appears to follow objects with eyes ● 3. Severely impaired—no vision or appears to see only light, colors, or shapes ●

● = Automatic Trigger ▲ = Potential Trigger

1 - Delirium
2 - Cognitive Loss/Dementia
3 - Visual Function
4 - Communication
5 - ADL Functional/Rehabilitation Potential
6 - Urinary Incontinence and Indwelling Catheter
7 - Psychosocial Well-Being
8 - Mood State
9 - Behavior Problems
10 - Activities
11 - Falls
12 - Nutritional Status
13 - Feeding Tubes
14 - Dehydration/Fluid Maintenance
15 - Dental Care
16 - Pressure Ulcers
17 - Psychotropic Drug Use
18 - Physical Restraints

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Resident Name _____ I.D. Number _____

2.	VISUAL LIMITATIONS/ DIFFICULTIES	a. Side vision problems—decreased peripheral vision; (e.g., leaves food on one side of tray, difficulty traveling, bumps into people and objects, misjudges placement of chair when seating self) ●[3]	a.
		b. Experiences any of the following: sees halos or rings around lights, sees flashes of light; sees "curtains" over eyes	b.
		c. *NONE OF ABOVE*	c.
3.	VISUAL APPLIANCES	Glasses; contact lenses; lens implant; magnifying glass 0. No 1. Yes	

SECTION E. PHYSICAL FUNCTIONING AND STRUCTURAL PROBLEMS

1. **ADL SELF-PERFORMANCE** ***(Code for resident's PERFORMANCE OVER ALL SHIFTS during last 7 days—Not including setup)***
   - 0. ***INDEPENDENT***—No help or oversight—OR—Help/oversight provided only 1 or 2 times during last 7 days.
   - 1. ***SUPERVISION***—Oversight encouragement or cueing provided 3+ times during last 7 days—OR—Supervision plus physical assistance provided only 1 or 2 times during last 7 days.
   - 2. ***LIMITED ASSISTANCE***—Resident highly involved in activity, received physical help in guided maneuvering of limbs, or other nonweight bearing assistance 3+ times—OR—More help provided only 1 or 2 times during last 7 days.
   - 3. ***EXTENSIVE ASSISTANCE***—While resident performed part of activity, over last 7-day period, help of following type(s) provided 3 or more times:
     - – Weight-bearing support
     - – Full staff performance during part (but not all) of last 7 days.
   - 4. ***TOTAL DEPENDENCE***—Full staff performance of activity during entire 7 days.

2. **ADL SUPPORT PROVIDED**—***(Code for MOST SUPPORT PROVIDED OVER ALL SHIFTS during last 7 days; code regardless of resident's self-performance classification)***
   - 0. No setup or physical help from staff
   - 1. Setup help only
   - 2. One-person physical assist
   - 3. Two+ person physical assist

			1 SELF-PERFORMANCE	2 SUPPORT
a.	BED MOBILITY	How resident moves to and from lying position, turns side to side, and positions body while in bed 3 or 4 for self-perf = ▲[5]		
b.	TRANSFER	How resident moves between surfaces—to/from: bed, chair, wheelchair, standing position (EXCLUDE to/from bath/toilet) 3 or 4 for self-perf = ▲[5]		
c.	LOCO-MOTION	How resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair 3 or 4 for self-perf = ▲[5]		
d.	DRESSING	How resident puts on, fastens, and takes off all items of street clothing, including donning/removing prosthesis 3 or 4 for self-perf = ▲[5]		
e.	EATING	How resident eats and drinks (regardless of skill) 3 or 4 for self-perf = ▲[5]		
f.	TOILET USE	How resident uses the toilet room (or commode, bedpan, urinal); transfers on/off toilet, cleanses, changes pad, manages ostomy or catheter, adjusts clothes 3 or 4 for self-perf = ▲[5]		
g.	PERSONAL HYGIENE	How resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face, hands, and perineum (EXCLUDE baths and showers)		
3.	BATHING	How resident takes full-body bath, sponge bath, and transfers in/out of tub/shower (EXCLUDE washing of back and hair. Code for most dependent in self-performance and support. Bathing Self-Performance codes appear below.) 3 or 4 for (a) = ▲[5] 0. Independent—No help provided 1. Supervision—Oversight help only 2. Physical help limited to transfer only 3. Physical help in part of bathing activity 4. Total dependence	a.	b.

4. **BODY CONTROL PROBLEMS** ***(Check all that apply during last 7 days)***
   - a. Balance—partial or total loss of ability to balance self while standing ▲[11] — a.
   - b. Bedfast all or most of the time ▲[11] — b.
   - c. Contracture to arms, legs, shoulders, or hands — c.
   - d. Hemiplegia/hemiparesis ▲[11] — d.
   - e. Quadriplegia ▲[11] — e.
   - f. Arm—partial or total loss of voluntary movement — f.
   - g. Hand—lack of dexterity (e.g., problem using toothbrush or adjusting hearing aid) — g.
   - h. Leg—partial or total loss of voluntary movement ▲[11] — h.
   - i. Leg—unsteady gait — i.
   - j. Trunk—partial or total loss of ability to position, balance, or turn body ▲[11] — j.
   - k. Amputation — k.
   - l. *NONE OF ABOVE* — l.

5.	MOBILITY APPLIANCES/ DEVICES	***(Check all that apply during last 7 days)*** a. Cane/walker — a. b. Brace/prosthesis — b. c. Wheeled self — c. d. Other person wheeled — d. e. Lifted (manually/mechanically) — e. f. *NONE OF ABOVE* — f.	
6.	TASK SEG-MENTATION	Resident requires that some or all of ADL activities be broken into a series of subtasks so that resident can perform them. 0. No 1. Yes	
7.	ADL FUNC-TIONAL REHAB. POTENTIAL	a. Resident believes he/she capable of increased independence in at least some ADLs ▲[5]	a.
		b. Direct care staff believe resident capable of increased independence in at least some ADLs ▲[5]	b.
		c. Resident able to perform tasks/activity but is very slow	c.
		d. Major difference in ADL Self-Performance or ADL Support in mornings and evenings (at least a one category change in Self-Performance or Support in any ADL)	d.
		e. *NONE OF ABOVE*	e.
8.	CHANGE IN ADL FUNCTION	**Change in ADL self-performance in last 90 days** 0. No change 1. Improved 2. Deteriorated ▲[14]	

SECTION F. CONTINENCE IN LAST 14 DAYS

1. **CONTINENCE SELF-CONTROL CATEGORIES**
   (Code for resident performance over all shifts.)
   - 0. **CONTINENT**—Complete control
   - 1. **USUALLY CONTINENT**—BLADDER, incontinent episodes once a week or less; BOWEL, less than weekly
   - 2. **OCCASIONALLY INCONTINENT**—BLADDER, 2+ times a week but not daily; BOWEL, once a week
   - 3. **FREQUENTLY INCONTINENT**—BLADDER, tended to be incontinent daily, but some control present (e.g., on day shift); BOWEL, 2-3 times a week
   - 4. **INCONTINENT**—Had inadequate control. BLADDER, multiple daily episodes; BOWEL, all (or almost all) of the time.

a.	BOWEL CON-TINENCE	Control of bowel movement, with appliance or bowel continence programs if employed	
b.	BLADDER CONTI-NENCE	Control of urinary bladder function (if dribbles, volume insufficient to soak through underpants), with appliances (e.g., foley) or continence programs, if employed 2, 3 or 4 = ▲[6]	
2.	INCONTI-NENCE RELATED TESTING	*(Skip if resident's bladder continence code equals 0 or 1 AND no catheter is used)* a. Resident has been tested for a urinary tract infection	a.
		b. Resident has been checked for presence of a fecal impaction, or there is adequate bowel elimination	b.
		c. *NONE OF ABOVE*	c.
3.	APPLIANCES AND PROGRAMS	a. Any scheduled toileting plan — a. b. External (condom) catheter ▲[6] — b. c. Indwelling catheter ▲[6] — c. d. Intermittent catheter ▲[6] — d. e. Did not use toilet room/commode/urinal — e. f. Pads/briefs used ▲[5] — f. g. Enemas/irrigation — g. h. Ostomy — h. i. *NONE OF ABOVE* — i.	
4.	CHANGE IN URINARY CONTINENCE	Change in urinary continence or programs in **last 90 days** 0. No change 1. Improved 2. Deteriorated	

SKIP TO SECTION J IF COMATOSE

SECTION G. PSYCHOSOCIAL WELL-BEING

1.	SENSE OF INITIATIVE/ INVOLVE-MENT	a. At ease interacting with others	a.
		b. At ease doing planned or structured activities	b.
		c. At ease doing self-initiated activities	c.
		d. Establishes own goals	d.
		e. Pursues involvement in life of facility (i.e., makes/keeps friends; involved in group activities; responds positively to new activities; assists at religious services)	e.
		f. Accepts invitations into most group activities	f.
		g. *NONE OF ABOVE*	g.
2.	UNSETTLED RELATION-SHIPS	a. Covert/open conflict with and/or repeated criticism of staff ●[7]	a.
		b. Unhappy with roommate ●[7]	b.
		c. Unhappy with residents other than roommate ●[7]	c.
		d. Openly expresses conflict/anger with family or friends ●[7]	d.
		e. Absence of personal contact with family/friends	e.
		f. Recent loss of close family member/friend	f.
		g. *NONE OF ABOVE*	g.

● = Automatic Trigger ▲ = Potential Trigger

1 - Delirium
2 - Cognitive Loss/Dementia
3 - Visual Function
4 - Communication
5 - ADL Functional/Rehabilitation Potential
6 - Urinary Incontinence and Indwelling Catheter
7 - Psychosocial Well-Being
8 - Mood State
9 - Behavior Problems
10 - Activities
11 - Falls
12 - Nutritional Status
13 - Feeding Tubes
14 - Dehydration/Fluid Maintenance
15 - Dental Care
16 - Pressure Ulcers
17 - Psychotropic Drug Use
18 - Physical Restraints

Resident Name _____ I.D. Number _____

3.	PAST ROLES	a. Strong identification with past roles and life status	a.
		b. Expresses sadness/anger/empty feeling over lost roles/status ●[7]	b.
		c. *NONE OF ABOVE*	c.

SECTION H: MOOD AND BEHAVIOR PATTERNS

1.	SAD OR ANXIOUS MOOD	***(Check all that apply during last 30 days)***	
		a. **VERBAL EXPRESSIONS** of DISTRESS by resident (sadness, sense that nothing matters, hopelessness, worthlessness, unrealistic fears, vocal expressions of anxiety or grief) ●[9]	a.
		DEMONSTRATED (OBSERVABLE) SIGNS of mental DISTRESS	
		b. Tearfulness, emotional groaning, sighing, breathlessness ●[9]	b.
		c. Motor agitation such as pacing, handwringing or picking ●[9]	c.
		d. Failure to eat or take medications, withdrawal from self-care or leisure activities ●[9] ▲[14]	d.
		e. Pervasive concern with health ●[9]	e.
		f. Recurrent thoughts of death—e.g., believes he/she is about to die, have a heart attack ●[9]	f.
		g. Suicidal thoughts/actions ●[9]	g.
		h. *NONE OF ABOVE*	h.
2.	MOOD PERSISTENCE	Sad or anxious mood intrudes on daily life over last 7 days—not easily altered, doesn't "cheer up" 0. No 1. Yes ●[9]	
3.	PROBLEM BEHAVIOR	***(Code for behavior in last 7 days)*** 0. Behavior not exhibited in last 7 days 1. Behavior of this type occurred **less than daily** 2. Behavior of this type occurred **daily or more frequently**	
		a. **WANDERING** (moved with no rational purpose; seemingly oblivious to needs or safety) 1 or 2 = ●[9]	a.
		b. **VERBALLY ABUSIVE** (others were threatened, screamed at, cursed at) 1 or 2 = ●[9]	b.
		c. **PHYSICALLY ABUSIVE** (others were hit, shoved, scratched, sexually abused) 1 or 2 = ●[9]	c.
		d. **SOCIALLY INAPPROPRIATE/DISRUPTIVE BEHAVIOR** (made disrupting sounds, noisy, screams, self-abusive acts, sexual behavior or disrobing in public, smeared/threw food/feces, hoarding, rummaged through others' belongings) 1 or 2 = ●[9]	d.
4.	RESIDENT RESISTS CARE	***(Check all types of resistance that occurred in the last 7 days)***	
		a. Resisted taking medications/injection	a.
		b. Resisted ADL assistance	b.
		c. *NONE OF ABOVE*	c.
5.	BEHAVIOR MANAGEMENT PROGRAM	Behavior problem has been addressed by clinically developed behavior management program. (Note: Do not include programs that involve only physical restraints or psychotropic medications in this category.) 0. No behavior problem 1. Yes, addressed 2. No, not addressed	
6.	CHANGE IN MOOD	Change in mood in last 90 days 0. No change 1. Improved 2. Deteriorated ▲[1]	
7.	CHANGE IN PROBLEM BEHAVIOR	Change in problem behavioral signs in last 90 days 0. No change 1. Improved 2. Deteriorated ●[1]	

SECTION I: ACTIVITY PURSUIT PATTERNS

1.	TIME AWAKE	***(Check appropriate time periods—last 7 days)*** Resident awake all or most of time (i.e., naps no more than one hour per time period) in the:	
		a. Morning 7a.m.–Noon (or when resident wakes up) a.	
		b. Afternoon Noon–5p.m. b.	
		c. Evening 5p.m.–10p.m. (or bedtime)	c.
		d. *NONE OF ABOVE*	d.
2.	AVERAGE TIME INVOLVED IN ACTIVITIES	0. Most—(more than 2/3 of time) ▲[10] 1. Some—(1/3 to 2/3 time) 2. Little—(less than 1/3 of time) ▲[10] 3. None ▲[10]	
3.	PREFERRED ACTIVITY SETTINGS	***(Check all settings in which activities are preferred)***	
		a. Own room a.	
		b. Day/activity room b.	
		c. Inside NH/off unit c.	
		d. Outside facility	d.
		e. *NONE OF ABOVE*	e.

4.	GENERAL ACTIVITIES PREFERENCES (adapted to resident's current abilities)	***(Check all specific preferences whether or not activity is currently available to resident)***	
		a. Cards/other games a.	
		b. Crafts/arts b.	
		c. Exercise/sports c.	
		d. Music d.	
		e. Read/write e.	
		f. Spiritual/religious activ.	f.
		g. Trips/shopping	g.
		h. Walking/wheeling outdoors	h.
		i. Watch TV	i.
		j. *NONE OF ABOVE*	j.
5.	PREFERS MORE OR DIFFERENT ACTIVITIES	Resident expresses/indicates preference for other activities/choices. 0. No 1. Yes ●[10]	

SECTION J: DISEASE DIAGNOSES

Check only those diseases present that have a relationship to current ADL status, cognitive status, behavior status, medical treatments, or risk of death. (Do not list old/inactive diagnoses.) (If none apply, check the NONE OF ABOVE box)

1.	DISEASES	**HEART/CIRCULATION**	
		a. Arteriosclerotic heart disease (ASHD) a.	
		b. Cardiac dysrhythmias b.	
		c. Congestive heart failure c.	
		d. Hypertension d.	
		e. Hypotension e.	
		f. Peripheral vascular disease f.	
		g. Other cardiovascular disease g.	
		NEUROLOGICAL	
		h. Alzheimer's h.	
		i. Dementia other than Alzheimer's i.	
		j. Aphasia j.	
		k. Cerebrovascular accident (stroke) k.	
		l. Multiple sclerosis l.	
		m. Parkinson's disease m.	
		PULMONARY	
		n. Emphysema/asthma/COPD n.	
		o. Pneumonia o.	
		PSYCHIATRIC/MOOD	
		p. Anxiety disorder p.	
		q. Depression q.	
		r. Manic depressive (bipolar disease)	r.
		SENSORY	
		s. Cataracts	s.
		t. Glaucoma	t.
		OTHER	
		u. Allergies	u.
		v. Anemia	v.
		w. Arthritis	w.
		x. Cancer	x.
		y. Diabetes mellitus	y.
		z. Explicit terminal prognosis	z.
		aa. Hypothyroidism	aa.
		bb. Osteoporosis	bb.
		cc. Seizure disorder	cc.
		dd. Septicemia	dd.
		ee. Urinary tract infection—in last 30 days ▲[14]	ee.
		ff. *NONE OF ABOVE*	ff.
2.	OTHER CURRENT DIAGNOSES AND ICD-9 CODES	260–263.9=●[12] 276.5=▲[14] 291.0–292.1=●[1] a. b. c. d. e. f.	

SECTION K: HEALTH CONDITIONS

1.	PROBLEM CONDITIONS	***(Check all problems that are present in last 7 days unless other time frame indicated)***	
		a. Constipation a.	
		b. Diarrhea ▲[14] b.	
		c. Dizziness/vertigo ▲[14] c.	
		d. Edema d.	
		e. Fecal impaction e.	
		f. Fever ▲[14] f.	
		g. Hallucinations/delusions g.	
		h. Internal bleeding ▲[14] h.	
		i. Joint pain i.	
		j. Pain—resident complains or shows evidence of pain daily or almost daily	j.
		k. Recurrent lung aspirations in last 90 days	k.
		l. Shortness of breath	l.
		m. Syncope (fainting)	m.
		n. Vomiting ▲[14]	n.
		o. *NONE OF ABOVE*	o.
2.	ACCIDENTS	a. Fell—past 30 days ●[11] a.	
		b. Fell—past 31-180 days ●[11] b.	
		c. Hip fracture in last 180 days	c.
		d. *NONE OF ABOVE*	d.

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Resident Name _____ I.D. Number _____

3.	STABILITY OF CONDITIONS	a. Conditions/diseases make resident's cognitive, ADL, or behavior status unstable—fluctuating, precarious, or deteriorating.	a.
		b. Resident experiencing an acute episode or a flare-up of a recurrent/chronic problem.	b.
		c. *NONE OF THE ABOVE*	c.

SECTION L ORAL/NUTRITIONAL STATUS

1.	ORAL PROBLEMS	a. Chewing problem [a.] c. Mouth pain ●[15]	c.
		b. Swallowing problem [b.] d. *NONE OF ABOVE*	d.
2.	HEIGHT AND WEIGHT	***Record height (a) in inches and weight (b) in pounds.*** *Weight based on most recent status in* **last 30 days**; measure weight consistently ***in accord with standard facility*** practice—*e.g., in a.m. after voiding,* before meal, with shoes off, and in nightclothes. HT (in.) [a.] WT (lb.) [b.]	
		c. **Weight loss** (i.e., 5% + in **last 30 days**; or 10% in **last 180 days**) 0. No 1. Yes ● ▲[4]	c.
3.	NUTRITIONAL PROBLEMS	a. Complains about the taste of many foods ● [a.] d. Regular complaint of hunger ●	d.
		b. Insufficient fluid; dehydrated ● [b.] e. Leaves 25%+ food uneaten at most meals ● ▲	e.
		c. Did **NOT** consume all/almost all liquids provided **during last 3 days** ▲[4] [c.] f. *NONE OF ABOVE*	f.
4.	NUTRITIONAL APPROACHES	a. Parenteral/IV ▲[4] ●[12] [a.] e. Therapeutic diet ●	e.
		b. Feeding tube ▲[4] ● [b.] f. Dietary supplement between meals	f.
		c. Mechanically altered diet ● [c.] g. Plate guard, stabilized built-up utensil, etc.	g.
		d. Syringe (oral feeding) ● [d.] h. *NONE OF ABOVE*	h.

SECTION M ORAL/DENTAL STATUS

1.	ORAL STATUS AND DISEASE PREVENTION	a. Debris (soft, easily movable substances) present in mouth prior to going to bed at night ●[15]	a.
		b. Has dentures and/or removable bridge	b.
		c. Some/all natural teeth lost—does not have or does not use dentures (or partial plates) ●	c.
		d. Broken, loose, or carious teeth ●[15]	d.
		e. Inflamed gums (gingiva), oral abscesses, swollen or bleeding gums, ulcers, or rashes ●[15]	e.
		f. Daily cleaning of teeth/dentures If not checked = ●[15]	f.
		g. *NONE OF ABOVE*	g.

SECTION N SKIN CONDITION

1.	STASIS ULCER	(i.e., open lesion caused by poor venous circulation to lower extremities) 0. No 1. Yes	
2.	PRESSURE ULCERS	*(Code for highest stage of pressure ulcer)* 0. **No pressure ulcers** 1. **Stage 1** A persistent area of skin redness (without a break in the skin) that does not disappear when pressure is relieved ● ● 2. **Stage 2** A partial thickness loss of skin layers that presents clinically as an abrasion, blister, or shallow crater ● ● 3. **Stage 3** A full thickness of skin is lost, exposing the subcutaneous tissues—presents as a deep crater with or without undermining adjacent tissue ● ● 4. **Stage 4** A full thickness of skin and subcutaneous tissue is lost, exposing muscle and/or bone ● ●	
3.	HISTORY OF RESOLVED/ CURED PRESSURE ULCERS	Resident has had a pressure ulcer that was resolved/cured in **last 90 days** 0. No 1. Yes	

4.	SKIN PROBLEMS/ CARE	a. Open lesions other than stasis or pressure ulcers (e.g., cuts)	a.
		b. Skin desensitized to pain/pressure/discomfort	b.
	If None Checked From C Thru G = ▲	c. Protective/preventive skin care	c.
		d. Turning/repositioning program	d.
		e. Pressure-relieving beds, bed/chair pads (e.g., egg crate pads)	e.
		f. Wound care/treatment (e.g., pressure ulcer care, surgical wound)	f.
		g. Other skin care/treatment	g.
		h. *NONE OF ABOVE*	h.

SECTION O MEDICATION USE

1.	NUMBER OF MEDICATIONS	**(Record the number of *different medications used in the last 7 days; enter "0" if none used.)***	
2.	NEW MEDICATIONS	Resident has received new medications during the **last 90 days** 0. No 1. Yes	
3.	INJECTIONS	***(Record the number of days injections of any type received during the last 7 days.)***	
4.	DAYS RECEIVED THE FOLLOWING MEDICATION	**(Record the number of days during last 7 days;** *Enter "0" if not used; enter "1" if long-acting meds. used less than weekly)*	
		a. Antipsychotics 1-7 = ▲[1] ▲[11] ▲[17]	a.
		b. Antianxiety/hypnotics 1-7 = ▲[1] ▲[11] ▲[17]	b.
		c. Antidepressants 1-7 = ▲[1] ▲[11] ▲[17]	c.
5.	PREVIOUS MEDICATION RESULTS	***(SKIP this question** if resident currently receiving anti-psychotics, antidepressants, or antianxiety/hypnotics—otherwise **code correct response for last 90 days)*** Resident has previously received psychoactive medications for a mood or behavior problem, and these medications were effective (without undue adverse consequences). 0. No, drugs not used 1. Drugs were effective 2. Drugs were not effective 3. Drug effectiveness unknown	

SECTION P SPECIAL TREATMENTS AND PROCEDURES

1.	SPECIAL TREATMENTS AND PROCEDURES	**SPECIAL CARE—*Check treatments received during the last 14 days.***	
		a. Chemotherapy [a.] f. IV meds	f.
		b. Radiation [b.] g. Transfusions	g.
		c. Dialysis [c.] h. O_2	h.
		d. Suctioning [d.] i. Other _____	i.
		e. Trach. care [e.] j. *NONE OF ABOVE*	j.
		THERAPIES—Record the number of days *each of the following therapies was administered (for at least 10 minutes during a day) in the last 7 days:*	
		k. Speech—language pathology and audiology services	k.
		l. Occupational therapy	l.
		m. Physical therapy	m.
		n. Psychological therapy (any licensed professional)	n.
		o. Respiratory Therapy	o.
2.	ABNORMAL LAB VALUES	Has the resident had any **abnormal lab values during the last 90-day period?** 0. No 1. Yes 2. No tests performed	
3.	DEVICES AND RESTRAINTS	***Use the following code for last 7 days:*** 0 Not used 1 Used less than daily 2 Used daily	
		a. Bed rails	a.
		b. Trunk restraint 1 or 2 = ▲[1] ●[15]	b.
		c. Limb restraint 1 or 2 = ▲[1] ●[15]	c.
		d. Chair prevents rising 1 or 2 = ▲[1] ●[15]	d.

● = Automatic Trigger ▲ = Potential Trigger

1 - Delirium
2 - Cognitive Loss/Dementia
3 - Visual Function
4 - Communication
5 - ADL Functional/Rehabilitation Potential
6 - Urinary Incontinence and Indwelling Catheter
7 - Psychosocial Well-Being
8 - Mood State
9 - Behavior Problems
10 - Activities
11 - Falls
12 - Nutritional Status
13 - Feeding Tubes
14 - Dehydration/Fluid Maintenance
15 - Dental Care
16 - Pressure Ulcers
17 - Psychotropic Drug Use
18 - Physical Restraints

RESIDENT CARE PLAN

Name _____ Hospital _____ Physician _____

Diagnosis _____

_____

Allergies _____

Date of Admission _____ D.O.B. _____ Age _____ Religion _____ Health Record # _____

Disabilities _____

Diet _____

	YES	NO
Bladder Cont.	☐	☐
Bowel Cont.	☐	☐

	YES	NO
Postural Supports	☐	☐

W/C ☐ Bed ☐
Pelvic ☐ Vest ☐
Waist ☐

	YES	NO
Ambulatory	☐	☐
Walker	☐	☐
Bed Rest	☐	☐
W/C	☐	☐
BRP	☐	☐

LONG TERM GOAL:

DISCHARGE PLANNING GOAL:

DATE	#	CONCERNS & PROBLEMS	RESIDENT GOALS	BY DATE	APPROACH PLAN	RESP. DISC.	RE-EVALUATION DATE(S)			SIGNATURE

Form 3288HH BRIGGS, Des Moines, IA 50306 (800) 247-2343 PRINTED IN U.S.A.

Resident Name ______________________ Hospital ______________ Physician ______________

DATE	#	CONCERNS & PROBLEMS	RESIDENT GOALS	BY DATE	APPROACH PLAN	RESP. DISC.	RE-EVALUATION DATE(S)				SIGNATURE

HOLYOKE GERIATRIC AND CONVALESCENT CENTER

PROGRESS NOTES

Date	Notes Should Be Signed by Physician

Family Name	First Name	Attending Physician	Room No.	Hosp. No.

HOLYOKE GERIATRIC AND CONVALESCENT CENTER

PROGRESS NOTES

Family Name	First Name	Attending Physician	Room No.	Hosp. No.

Date	Notes Should Be Signed by Physician

PROGRESS NOTES (OVER)
FORM 3213

HOLYOKE GERIATRIC AND CONVALESCENT CENTER — NURSING ADMISSION HISTORY AND PHYSICAL

On Completion of this form, prepare a patient problem list and Nursing care plan.

ADMISSION DIAGNOSIS _____

SOCIAL DATA:

1. **Living Relatives:**
   - Spouse
   - Father
   - Mother
   - Son (s)
   - Daughter (s)
   - Brother (s)
   - Sister (s)
   - Others
2. **Living Accomodations:**
   - Private home
   - Apartment
   - Rooming house
   - One floor
   - 2 or more floors
   - Nursing home
   - Other
3. **Living Arrangements:**
   - Lives alone
   - With parents
   - With family
   - With friends
   - With relatives
   - With others
4. **Occupation:**
5. **Recreation:**
   - Sports
   - Hobbies
   - Reading
   - T.V.
   - Other:

SPIRITUAL DATA:

1. **Religious Affiliation** _____ **Anointed:** **Yes** _____ **No** _____ **Date** _____
   - Catholic _____ Protestant _____ Jew _____ Other (specify) _____

HABITS:

1. **Eating Habits**
   - 3 meals / day
   - Omits Breakfast
   - Snacks between meals
   - Nourishment / bedtime
   - Needs assistance with meals (Explain)
2. **Sleeping Pattern**
   - Retires early
   - Retires late
   - Sleeps 6-8 hours
   - Easily aroused
   - Afternoon nap
   - Medication for sleep
3. **Fluid Intake**
   - 6-8 glasses / day
   - More
   - Less
   - Beverage preferred
4. **Bladder Habits**
   - Continent
   - Incontinent
   - Day _____ Night _____
   - Catheter _____ Size _____
5. **Bowel Habits**
   - Daily
   - 3-4 x week
   - Constipation
   - Diarrhea
   - Involuntary
   - Colostomy
   - Ileostomy
   - Laxatives?

EMOTIONAL ATTITUDES (Observe and Describe)

ALLERGIES _____

PAIN _____

PHYSICAL FINDINGS

VITAL SIGNS: Temperature _____ Pulse _____ Respiration _____ B/P _____ Height _____ Weight _____

RESPIRATIONS
- Normal
- Rapid
- Shallow
- Wheezing
- Cheyne-Stokes
- Dyspneu
- Congestion
- Artificial Device (specify)

HEARING
- No problems
- Impaired
- Right ear
- Left ear
- Hearing aid
- No mechanical device

SIGHT
- No problems
- Near sighted
- Far-sighted
- Blind: Rt _____ Lt _____
- Strabismus: Rt _____ Lt _____
- Glasses
- Contacts
- False Eye: Rt _____ Lt _____

SPEECH
- No problem
- Aphasic:
  - Motor
  - Sensory
- Mute
- Stutter
- Lisp
- Laryngectomy
- Mechanical voice
- Esophageal voice

MENTAL STATUS
- Calm
- Alert
- Depressed
- Lethargic
- Excited
- Fearful
- Confused
- Comatose
- Stuporous
- Disoriented
- Delirious

CHRONIC ILLNESS
- Diabetes
- Heart
- Kidney
- Other:
- Seizures
- Lung
- Blood Disorder

MOBILE STATUS

How admitted
- Wheelchair
- Crutches
- Walking
- Stretcher
- Ambulance

Activities
- Ambulatory
- Bed rest
- Up & Assist
- BRP
- Needs help changing position in bed
- Other assistance needed

Assistive Devices (Specify)
- Prosthesis
- Walker
- Wheelchair
- Crutches
- Cane
- Brace (s)
- None

DENTATION AND MOUTH CARE

Teeth
- Natural
- Broken
- Edentulous
- Upper dentures
- Lower dentures
- Partial denture

Tongue
- Pink
- Moist
- Dry
- Intact
- Swollen
- Coated

Gums
- Pink
- Pale
- Moist
- Intact
- Bleeding
- Ulcerated

Lips
- Natural
- Pale
- Cyanotic
- Smooth
- Cracked
- Bleeding

PATIENT'S NAME _____ 172 **NUMBER** _____ **BED** _____ **UNIT** _____

Please turn page

BEST COPY AVAILABLE

PHYSICAL FINDINGS (Continued)

SKIN

Face	Extremities - upper	Extremities - lower	Trunk
Flushed	Reddened	Reddened	Reddened
Pale	Pale	Pale	Pale
Jaundice	Jaundice	Jaundice	Jaundice
Cyanotic	Cyanotic	Cyanotic	Cyanotic
Ashen	Ashen	Mottled	Mottled
Natural	Natural	Natural	Natural
Pigmented	Pigmented	Pigmented	Pigmented
Condition			
Clear	Warm	Warm	Warm
Dry	Dry	Dry	Dry
Moist	Cold	Cold	Cold
Oily	Clammy	Clammy	Clammy
Acne	Scaly	Scaly	Scaly

EXAMINE PATIENT FOR THE FOLLOWING AND GIVE LOCATION AND DESCRIPTION

Edema

Rash

Burns

Bruises

Abrasions

Lacerations

Reddened area

Decutibi

Paralysis

Amputation (s)

Fracture (s)

Dislocation (s)

Other

MEDICATION BROUGHT WITH PATIENT (Rx or Drug Name)

Comments

Dr. Notified Time Date By

Signature of Nurse

QUARTERLY REVIEW FOR NURSING FACILITY RESIDENT ASSESSMENT AND CARE SCREENING (MDS)

(Sequence of questions on this Quarterly Review have been numbered to coincide with the Minimum Data Set.)

RESIDENT NAME _____ ☐ = Write in the appropriate alpha or numeric response. ☐ = Check (✓) if response is applicable

RESIDENT SOC. SEC. NO. ☐☐☐-☐☐-☐☐☐☐

UPON COMPLETION OF THIS FORM, GO TO RAP TRIGGER LEGEND

IF COMATOSE, SKIP TO SECTION E

DAYS 90 | 180 | 270

SECTION B: COGNITIVE PATTERNS

2.	MEMORY	***(Recall of what was learned or known)***	
		a. Short-term memory OK—seems/appears to recall after 5 minutes 0. Memory OK 1. Memory problem ▲	a.
		b. Long-term memory OK—seems/appears to recall long past 0. Memory OK 1. Memory problem ▲	b.
4.	COGNITIVE SKILLS FOR DAILY DECISION-MAKING	Made decisions regarding tasks of daily life ***(Code response)*** 0. **Independent**—decisions consistent/reasonable ▲[4] 1. **Modified independence**—some difficulty in new situations only ▲[4] ▲ 2. **Moderately impaired**—decisions poor; cues/supervision required ▲[4] ▲ 3. **Severly impaired**—never/rarely made decisions ▲[4]	

SECTION C: COMMUNICATION/HEARING PATTERNS

4.	A. MAKING SELF UN-DERSTOOD	***(Express information content—however able)*** 0. Understood 1. Usually Understood—difficulty finding words or finishing thoughts 2. Sometimes Understood—ability is limited to making concrete requests ▲[4] 3. Rarely/Never Understood ▲[4]	
5.	B. ABILITY TO UNDER-STAND OTHERS	***(Understanding verbal information content—however able.)*** 0. Understands 1. Usually Understands—may miss some part/intent of message ▲ 2. Sometimes Understands—responds adequately to simple, direct communication ▲ ▲[4] ▲[4] 3. Rarely/Never Understands ▲ ▲[4] ▲[4]	

SECTION E: PHYSICAL FUNCTIONING AND STRUCTURAL PROBLEMS

1. ADL SELF-PERFORMANCE ***(Code for resident's PERFORMANCE OVER ALL SHIFTS during last 7days—Not including setup)***

0. ***INDEPENDENT***—No help or oversight—OR—Help/oversight provided only 1 or 2 times during last 7 days.
1. ***SUPERVISION***—Oversight encouragement or cueing provided 3+ times during last 7 days —OR—Supervision plus physical assistance provided only 1 or 2 times during last 7 days.
2. ***LIMITED ASSISTANCE***—Resident highly involved in activity, received physical help in guided maneuvering of limbs, or other nonweight bearing assistance 3+ times—OR—More help provided only 1 or 2 times during last 7 days.
3. ***EXTENSIVE ASSISTANCE***—While resident performed part of activity, over last 7day period, help of following type(s) provided 3 or more times:
   – Weight-bearing support
   – Full staff performance during part (but not all) of last 7 days.
4. ***TOTAL DEPENDENCE***—Full staff performance of activity during entire 7 days.

b.	TRANSFER	How resident moves between surfaces—to/from: bed, chair, wheelchair, standing position (EXCLUDE to/from bath/toilet) 3 or 4 = ▲	
c.	LOCO-MOTION	How resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair. 3 or 4 = ▲	
d.	DRESSING	How resident puts on, fastens, and takes off all items of street clothing, including donning/removing prosthesis. 3 or 4 = ▲	
e.	EATING	How resident eats and drinks (regardless of skill) 3 or 4 = ▲	
f.	TOILET USE	How resident uses the toilet room (or commode, bedpan, urinal); transfers on/off toilet, cleanses, changes pad, manages ostomy or catheter, adjusts clothes 3 or 4 = ▲	
3a.	BATHING	How resident takes full-body bath/shower, sponge bath, and transfers in/out of tub/shower (EXCLUDE washing of back and hair. ***Code for most dependent in self-performance and support.*** Bathing Self-Performance codes appear below.) 0. Independent—No help provided 1. Supervision—Oversight help only 2. Physical help limited to transfer only 3. Physical help in part of bathing activity ▲ 4. Total dependence ▲[5]	

SECTION F: CONTINENCE IN LAST 14 DAYS

1. **CONTINENCE SELF-CONTROL CATEGORIES**
(Code for resident's PERFORMANCE over all shifts)

0. ***CONTINENT***—Complete control
1. ***USUALLY CONTINENT***—BLADDER, incontinent episodes once a week or less; BOWEL, less than weekly.
2. ***OCCASIONALLY INCONTINENT***—BLADDER, 2+ times a week but not daily; BOWEL, once a week.
3. ***FREQUENTLY INCONTINENT***—BLADDER, tended to be incontinent daily, but some control present (e.g., on day shift); BOWEL, 2-3 times a week.
4. ***INCONTINENT***—Had inadequate control. For BLADDER, multiple daily episodes; for BOWEL, all (or almost all) of the time.

a.	BOWEL CONTINENCE	Control of bowel movement, with appliance or bowel continence programs, if employed.	
b.	BLADDER CONTI-NENCE	Control of urinary bladder function (if dribbles, volume insufficient to soak through underpants), with appliances (e.g., foley) or continence programs, if employed. 2,3 or 4 = ▲[5]	

IF COMATOSE, SKIP TO SECTION J

SECTION H: MOOD AND BEHAVIOR PATTERNS

2.	MOOD PER-SISTENCE	**Sad or anxious** mood intrudes on daily life over last 7 days—not easily altered, doesn't "cheer up." 0. No 1. Yes ●	
3.	PROBLEM BEHAVIOR	***(Code for behavior in last 7 days)*** 0. Behavior **not exhibited** in last 7 days 1. Behavior of this type occurred **less than daily** 2. Behavior of this type occurred **daily or more frequently**	
		a. **WANDERING** (moved with no rational purpose; seemingly oblivious to needs or safety) 1 or 2 = ●[4]	a.
		b. **VERBALLY ABUSIVE** (others were threatened, screamed at, cursed at) 1 or 2 = ●[4]	b.
		c. **PHYSICALLY ABUSIVE** (others were hit, shoved, scratched, sexually abused) 1 or 2 = ●[4]	c.
		d. **SOCIALLY INAPPROPRIATE BEHAVIOR** (made disrupting sounds, noisy, screams, self-abusive acts, sexual behavior or diarobing in public, smeared/threw food/feces, hoarding, rummaged through others' belongings) 1 or 2 = ●[4]	d.

SECTION J: DISEASE DIAGNOSES

*Include **ONLY THOSE DISEASES DIAGNOSED IN THE LAST 90 DAYS THAT HAVE A RELATIONSHIP** to current ADL status, behavior status, medical treatments, or risk of death.*

		260-263.9 = ●[1] 276.5 = ▲[1] 291.0-293.1 = ●[1]	
2.	OTHER CURRENT DIAGNOSES AND ICD-9 CODES		

SECTION L: ORAL/NUTRITIONAL STATUS

2.	HEIGHT/ WEIGHT	c. **Weight Loss** (i.e., 5%+ in last 30 days; or 10% in last 180 days) 0. No 1. Yes ●[11] ▲[14]	c.

SECTION O: MEDICATION USE

4.	DAYS RECEIVED THE FOLLOWING MEDICATION	**(Record the number of days during the last 7 days;** *enter "0" if not used; enter "1" if long-acting meds. used less than weekly)* a. Antipsychotics 1-7 = ▲ ▲ ▲	a.
		b. Antianxiety/hypnotics 1-7 = ▲ ▲ ▲	b.
		c. Antidepressants 1-7 = ▲[4] ▲[4] ▲[4]	c.

SECTION P: SPECIAL TREATMENTS AND PROCEDURES

3.	DEVICES AND RESTRAINTS	***Use the following code for last 7 days:*** 0. Not used 1. Used less than daily 2. Used daily	
		b. Trunk restraint 1 or 2 = ▲[4] ●[4]	b.
		d. Chair prevents rising 1 or 2 = ▲[4] ●[4]	d.

SIGNATURES REQUIRED ON REVERSE SIDE

● = Automatic Trigger
▲ = Potential Trigger
1 - Delirium
2 - Cognitive Loss/Dementia
3 - Visual Function
4 - Communication
5 - ADL Functional/Rehab. Potential
6 - Urinary Incont. and Indwelling Cath.
7 - Psychosocial Well-Being
8 - Mood State
9 - Behavior Problems
10 - Activities
11 - Falls
12 - Nutritional Status
13 - Feeding Tubes
14 - Dehydration/Fluid Maint.
15 - Dental Care
16 - Pressure Ulcers
17 - Psychotropic Drug Use
18 - Physical Restraints

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MDS QUARTERLY REVIEW — Signature, Title and Date of Staff Completing the Assessment

NOTE: Indicate sections completed next to Signature and Title.

90-Day Assessment - FIRST QUARTER

Signature of RN Assessment Coordinator _____

Others Who Completed Part of the Assessment

Signature/Title Date

_____

_____

_____

_____

_____

Date of Assessment:

Month Day Year

Review indicates change necessary to plan of care?

☐ Yes ☐ No

_____

_____

_____

_____

_____

_____

_____

_____

180-Day Assessment - SECOND QUARTER

Signature of RN Assessment Coordinator _____

Others Who Completed Part of the Assessment

Signature/Title Date

_____

_____

_____

_____

_____

Date of Assessment:

Month Day Year

Review indicates change necessary to plan of care?

☐ Yes ☐ No

_____

_____

_____

_____

_____

_____

_____

_____

270-Day Assessment - THIRD QUARTER

Signature of RN Assessment Coordinator _____

Others Who Completed Part of the Assessment

Signature/Title Date

_____

_____

_____

_____

_____

Date of Assessment:

Month Day Year

Review indicates change necessary to plan of care?

☐ Yes ☐ No

_____

_____

_____

_____

_____

_____

_____

_____

APPENDIX C

Professional Development Report for Massachusetts Career Development Institute Workplace Education Program

Overview

The initial professional development undertaken by the Massachusetts Career Development Institute Holyoke Geriatric Workplace Education Program was designed to be comprehensive in scope, addressing the broad systemic issues of program development as well as individual staff development. The approach presented was to build capacity within the workplace education program by providing a structured process whereby reflection and revision would be an on-going event in response to the program's ever changing needs and development. In addition, a content area was prioritized and goals within that content area were identified and worked towards. Staff played a significant role in the selection of topics, development of timeframes, analysis of data, discussion of findings, and formulation of recommendations.

The Process and Content

As initial development began in April of 1994, an overview of the process was given to the staff explaining that this process was an initial step in trying to improve the quality of specific areas of their program and to respond to their individual needs in a specific content area. Materials were presented which helped identify indicators of program quality and core topic lists of staff development. Preliminary planning forms were also presented to help staff identify individual and program strengths and needs for professional development.

As the group began to prioritized both individual and program needs, common themes began to emerge around math, assessment, and curriculum design. The direction of effort moved to respond to the initial questions of planning and impact that the program wished to achieve amongst both the teachers and the learners in these content areas. Discussion around resources and realistic outcomes soon provided an option that these three needs could be integrated into a single topic area. Since mathematics was an area that cut across all the learning areas of ABE, GED, and ESL and that assessment and curricula were integral components of math, it was agreed upon that mathematics would be the main content focus. The goal was identified as developing more effective methods of teaching, learning, and assessing mathematical skills in the classroom to better meet the needs of the students.

In order to accomplish this, it was decided that discussions about pedagogical beliefs and assumptions about learning and new mathematical ideas and materials would need to be explored. It was determined that discussions and inquiry coupled with training would be provided between May and August while simultaneously practicing and sharing new ideas and feedback.

In May, the staff, in three meetings, discussed areas such as who are their learners and what are student goals. They soon agreed that regardless of the class (ABE, GED, ESL), the learners did have the common needs and common goals of being able to be more mathematically proficient on the job as well as in society. In addition, the staff was given a list of math standards to help identify what "more effective methods of teaching" would mean to them. The staff concurred that to be more effective meant that the teaching and assessment of mathematics should be (1) connected to real life situations, (2) a strategy for problem solving (critical thinking and reasoning skills) and (3) a way to communicate.

During June and July, after basic discussions that laid a philosophical foundation, the staff was ready to participate in a series of three on-site trainings which provided various approaches to teaching and assessing math. These approaches were framed within the guidelines they identified as teaching math as problem-solving, connection, and communication. During the training, teachers were learners and spent time in cooperative groups exploring various math problems. It gave the teachers an opportunity to experience and reflect upon learning math in a new way. In addition to the training, new materials and books were given and loaned as well as information about other local, state, and national math resources and initiatives.

During July and August, teachers were asked to go back and experiment with these new ideas and methods within their own classroom. In addition, they would meet bi-weekly to discuss what was happening and to share and support each other's efforts.

As a result, teachers were given permission to experiment with the use of such things as manipulatives, calculators, cooperative group solutions, and new approaches to asking open-ended questions.

Staff discussions took place around how they were implementing these ideas and the results and feedback they were receiving from the learners. Follow-up technical assistance was provided for those staff who had further questions about specific material or implementation.

THE RESULT

Planning and implementation of the training process progressed according to the time frame developed. The discussions, training, and implementation that took place from April to August achieved the two main goals put forth by the program:

First, the professional development process which was incorporated and embraced by the staff gave the program a new way to look at providing and planning for staff and program development.

Second, teachers were exposed to new experiences as learners and also new approaches to use as teachers. Through implementation in the classroom, teachers found the learners responses were positive. Staff felt a sense of moving in the right direction in achieving their identified goals of being more effective. Staff stated that often when they used hands-on tools such as manipulatives, their learners could move more easily from concrete thinking to abstract problem solving and increased the connections students made with other things in their lives and in the work setting. It was noted that students started to make more of a connection of math to the real world. Students started to explore problems by using appropriate technology and were able to understand and talk about why. Students and teachers were both able to take more risks -- an important factor in thinking critically and in building self-esteem. There seemed to have been an equation that as teachers' interests and confidence grew so did the students'.

Although there was not enough time to revise the entire math curriculum and assessment procedures, an important first step was made in the investigation and planning of the direction which the program wished to go. As a result of the trainings and implementation, initial revision was begun on a day-to-day basis by experimenting with these new approaches. The staff realizes this is just a beginning and that quality education requires on-going revision and reflection. They have a process which they can continue to use to seek out and develop new materials which will assist them in changing their curriculum.

UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF VOCATIONAL AND ADULT EDUCATION
NATIONAL WORKPLACE LITERACY PROGRAM

GERIATRIC AUTHORITY OF HOLYOKE
WORKPLACE LITERACY PROJECT
FINAL EVALUATION REPORT
NOVEMBER 30, 1994

SUBMITTED BY

THE MASSACHUSETTS CAREER DEVELOPMENT INSTITUTE
SPRINGFIELD, MASSACHUSETTS

PROJECT EVALUATOR

THOMAS J. RUSCIO, M.ED., CAS, CRC/LRC, PROFESSOR

SPRINGFIELD COLLEGE

SPRINGFIELD, MASSACHUSETTS

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MASSACHUSETTS CAREER DEVELOPMENT INSTITUTE

HOLYOKE GERIATRIC AUTHORITY

NATIONAL WORKPLACE LITERACY PROJECT

PROJECT EVALUATION REPORT

FOR THE PERIOD ENDING

AUGUST 31, 1994

I. INTRODUCTION

The national workplace literacy program was initially authorized under Public Law 100-202. Current literacy programs have been authorized and federally funded through amendments to the Adult Education Act. The federal regulations provide "assistance for demonstration projects that teach literacy skills needed in the workplace through exemplary education partnerships between business, industry, or labor organizations and educational organizations". (Federal Register, Vol 54, No 159, p.34418)

The Massachusetts Career Development Institute, Incorporated (MCDI) developed and provided a program of Workplace Literacy for one hundred (100) individuals during the 1993-94 project year. This was the third round of funding for this program. The participants have been concurrently employed by the Geriatric Authority of Holyoke, Massachusetts (GAH), a major non-profit nursing home and rehabilitation facility. MCDI staff provided English as a Second Language, Adult Basic Education, and High School Equivalency (GED) Preparation instructional programs which have focused on language, communication, cognitive processes, and content knowledge needed to function effectively and productively in the workplace.

The MCDI staff also continued to provide ongoing educational and career adjustment counseling, motivational sessions, and pre and post testing to establish initial functional levels and determine improvements in workplace literacy and productivity. This project is a continuation of MCDI's overall response to the problems of functionally illiterate adult workers and other employees whose continued employment and upward mobility is limited by deficiencies in any or all of the following areas: analytical thinking, reasoning and problem solving, listening, speaking, reading or writing, mathematics and specific workplace knowledge.

The following is an overview of the project goals and objectives, the training program, demographics information including trainee characteristics and trainees job characteristics, the evaluation design and evaluation results including the specific goals, measurements and outcome assessments of the MCDI-GAH Workforce Literacy Project

for the period ending August 31, 1994. The results of the assessments are provided along with a narrative analysis of the outcomes to this date. Finally, conclusions of project effectiveness and recommendations for future program development complete this external evaluation report.

II. PROJECT GOALS AND OBJECTIVES

In its initial response to the Department of Education's solicitation for national workplace literacy programs, MCDI in 1992 engaged several businesses and employers pertaining to workplace literacy needs in order to identify a partner which recognized the need to upgrade employees' skills and demonstrated the commitment to implement a program of this nature. The Geriatric Authority of Holyoke (GAH), a public nonprofit agency which employs approximately 350 people in a range of occupations which serves the allied health and human service needs of the elderly in conjunction with Local 1459, United Food and commercial Food Workers Union AFL-CIO, was determined to be the appropriate partner. This partnership has continued during this third year of the project.

The project has continued to provide educational development skills to GAH employees. Focus of the program is to provide Adult Basic Education, English as a Second Language and High School equivalency (GED) services that are consistent with workplace requirements and job retention or enhancement of upward mobility opportunities. The specific objectives have included the following:

A. Provide appropriate educational services for 100 employees during the project period.

B. Assess all GAH employees who are interested in participating in the program.

C. Provide each Adult Basic Education or English as a Second Language participant a set of educational experiences that will allow 75% of them to demonstrate a two grade level increase in basic reading skills.

D. Provide each High School Equivalency (GED) participant educational experiences that will ensure that 85% of those who take the GED exam will pass it.

E. Provide appropriate educational experiences to program participants that will result in 85% of those individuals taking the State Nurses Aide License Exam to pass it.

F. Demonstrate that 85% of the individuals participating in the project have an improved level of self-esteem.

G. Demonstrate improvement in productivity and/or quality of work by 85% of those individuals participating in this project.

H. Increased motivation, interest in career, improvement in workplace literacy skills and satisfaction with the educational programs by 85% of the participants.

I. Development of a successful model of Workplace Literacy education that can be expanded and replicated locally or in other areas of the country.

III. PROJECT TRAINING PROGRAMS

The MCDI as grant recipient provided the Geriatric Authority of Holyoke with programs of on-site workplace education. The programs provided included Adult Basic Education, English as a Second Language and High School Equivalency (GED) educational units. In addition, specific job related curricula was further developed and refined along with a preparation program for the Nurses Aide examination. Support services and counseling to assist participants with personal and work adjustment problems, motivation and self confidence, employee responsibilities and career development issues were also provided on a daily basis. Emphasis continued to be placed on dealing with actual or potential problems in a timely and effective manner emphasizing participants' transferable skills and enhancement of career-workplace performance and opportunities.

A. Outreach and Recruitment

Recruitment strategies were implemented during planning meetings and small group orientation meetings conducted by union, MCDI and GAH staff. The MCDI staff and program partners were available to answer questions and address concerns which employees may have had. A key component to the outreach and recruitment effort has continued to be to make employees feel comfortable about the need for and importance of upgrading work related skills and enhancing job security and career advancement. Confidentiality surrounding job performance and literacy issues has also continued to be important.

B. Assessment and Intake

The initial screening and assessment involved the administration of a battery of tests including the Test of Adult Basic Education and other instruments as appropriate. Upon development of the assessment profiles and the selection of an employee for program services, the MCDI staff developed an individual educational plan (IEP) that outlined the employee's goals, basal educational achievement and the appropriate educational program.

C. Adult Basic Education

The MCDI Adult Basic Education program has been designed to provide individualized learning to those participants who need to develop, improve and/or reinforce the basic skills of reading, language and mathematics. Strong emphasis is placed on attitudinal and behavioral development along with classroom training that will result in successful job retention and career enhancement.

D. High School Equivalency (GED)

The purpose of the GED program is to prepare employees to take and pass the High School Equivalency Test in order to improve worker performance and be qualified for promotional opportunities and/or job advancement. Lectures, class discussions and assignments focus on concepts, ideas and problem solving skills which enable the employee to thing logically, coherently and effectively as well as understand and apply fundamental English, Math and Science skill requirements related to job performances requiring at least a high school education.

E. English as a Second Language

Employees whose native language is not English were provided the opportunity to utilize the educational space on-site at the GAH to develop listening and communication skills in English. A variety of educational strategies are utilized by staff including the grouping of various individuals who are studying similar concepts; one-on-one tutoring, group presentations; and the use of computer-assisted instruction (CAI) units for drill and practice as well as reinforcement. The emphasis upon individualized learning through these approaches has been most helpful in motivating participants to learn the fundamentals of English communication at his/her own rate.

F. Job Related Curricula

The job related curricula was developed to specifically address the work knowledge and skill based aspects of the specific job requirements of the participating employees. Over thirty five specific workplace education topics were developed and refined during the second round of the project for the participating employees, each with their own competency based tests. The job related curricula included content for nursing aides-assistants, housekeeping, maintenance and food service positions. Topical areas taught ranged from oral and rectal temperatures, bathing, dressing and hair care of residents, to bedmaking, moving and lifting patients, painting and maintenance of facilities.

IV. TRAINEE CHARACTERISTICS

As part of the total evaluation process, descriptive data was again collected via a trainee and trainee job characteristics data form. Descriptive information on trainee characteristics during this project period includes age, sex, marital status, race, number of dependent children, country of origin, years of education, MCDI program enrollment, and hours of instruction completed. The following tables provide graphic results of this data.

TABLE I
Age of Trainees

AGE RANGE	NUMBER	PERCENT	N=100
18 - 25 years	33	33%	
26 - 35 years	38	38%	
36 - 45 years	23	23%	
46 - 55 years	5	5%	
over 55 years	1	1%	

As can be seen from Table I, the majority of the employee participants (71%) were 35 years of age or younger. Only 6% were 46 years of age or older.

TABLE II
Sex of Participants

GENDER	NUMBER	PERCENT	N=100
Males	17	17%	
Females	88	88%	

Table II indicates the majority of employee participants were women. This continues to be consistent with the high ratio of female employees at the Geriatric Authority of Holyoke.

TABLE III
Race-Ethnic Background

RACE-ETHNIC BACKGROUND	NUMBER	PERCENT	N=100
Black-African American	7	7%	
Hispanic-Latin American	25	25%	
Asian - Pacific	2	2%	
White - Caucasian	66	66%	

The racial-ethnic background of the participants included racial and cultural minorities reflective of the populations of the Greater Holyoke and Western Massachusetts urban areas although there was a slight decrease from the previous year. A total of 34% of the participants were of a racial-cultural minority as compared to 39.04% in the second year of the project.

TABLE IV
Marital Status

STATUS	NUMBER	PERCENT	N=100
Married	54	54%	
Single	45	45%	
Divorced	1	1%	

TABLE V
Marital Status by Sex

STATUS	NUMBER	PERCENT	N=100
Married Male	2	2%	
Single Male	15	15%	
Married Female	52	52%	
Single Female	30	30%	
Divorced Male	0	0%	
Divorced Female	1	1%	

Tables IV and V identify the marital status and marital status by sex of the employee participants. The majority are married (54%) and female (52%). Single females constituted the next largest group (30%).

TABLE VI
Dependent Children

DEPENDENTS	NUMBER	PERCENT	N=100
No. Dependents	39	39%	
At least one dependent child	17	17%	
Two or more children	28	28%	
Three or more children	16	16%	

As can be seen from Table VI, the majority (61%) of the participants have at least one dependent child. A total of 44 (44%) have two or more dependent children.

TABLE VII
Country of Origin

COUNTRY	NUMBER	PERCENT	N=100
United States	90	90%	
Caribbean	6	6%	
Europe	2	2%	
Asia-Pacific Islands	2	2%	

While Table VII shows the majority of the participants were born in the U.S., it would appear, given the race-ethnic background data in Table III, that at least some are first generation. In addition, 10 or 10% immigrated to the U.S.

TABLE VIII
Years of Education

YEARS	NUMBER	PERCENT	N=100
Less than 4 years	0	0%	
4 -- 6 years	1	1%	
7 -- 9 years	11	11%	
10 -- 11 years	20	20%	
12 years or more	68	68%	

Over half (68%) the participants reported having at least the equivalent of 12 years of education. However, a sub-analysis of their basic education evaluation scores at the start of their program resulted in an average of 6.93 years for vocabulation, 7.88 years for comprehension, and 7.40 years for the total basic education. While 31 or 31% reported at least 7 to 11 years of formal education, 32 of 100 (32%) did not either enter or complete courses at the secondary level.

TABLE IX
Enrollments in MCDI Workplace Literacy Programs

PROGRAM	NUMBER	PERCENT	N=100/139*
Job Related Curricula	96	96%	
Adult Basic Education	28	28%	
GED	0	0%	
English as a Second Language	7	7%	
Other (LPN/CP)	8	8%	

* 39 employees participated in more than one program.

The majority of the employees, 96 or 96% were enrolled in the specific job related or workplace curricula. However, as indicated in Table IX, the need for other areas of training especially Adult Basic Education as it relates to the participant's job, was also strong.

TABLE X
Total Hours and Average Hours of Instruction Completed

CATEGORY	TOTAL HOURS OF INSTRUCTION	AVERAGE PER PARTICIPANT	N=100
Job Related Curricula	18480 HOURS	192.5 HOURS	
Adult Basic Education	3720 HOURS	132.85 HOURS	
GED	0 HOURS	0 HOURS	
English as a Second Language	840 HOURS	120 HOURS	
Other (LPN)	1080 HOURS	135 HOURS	

The majority of the participants completed an average of 126.43 hours of instruction in the ABE, and ESL programs and over 190 hours of applied instruction in the Job Related Curricula.

V. TRAINEE JOB CHARACTERISTICS

As a part of the demographic data collected, the job characteristics of each of the trainees was identified in terms of job titles, full or part-time employment, years of employment, second job or other employment and average hourly wage. The following tables provide the resulting information.

TABLE XI
Job of Participants

JOB TITLE	NUMBER	PERCENT	N=100
Medical Worker	79	79%	
Nursing LPN/RN	2	2%	
Housekeeper/Custodian	6	6%	
Cook	1	1%	
Kitchen Worker	3	3%	
Activity Aide	6	6%	
Therapeutic Rec Aide	2	2%	
Office Worker	2	2%	

The majority of participants for the workplace literacy project were employed within medical services and nursing departments at the Geriatric Authority of Holyoke. In addition, there were participants from the housekeeping, maintenance, food service, activities, therapeutic recreation, and office services.

TABLE XII
Employment Status

STATUS	NUMBER	PERCENT	N=100
Part Time	1	1%	
Full Time	99	99%	

TABLE XIII
Years of Employment

YEARS	NUMBER	PERCENT	N=100
Less than 6 months	0	0%	
6 - 12 months	4	4%	
1 - 2 years	44	44%	
2 - 5 years	43	43%	
5+ years	9	9%	

TABLE XIV
Additional Employment

SECOND JOB	NUMBER	PERCENT	N=100
Yes	15	15%	
No	84	84%	
NR	1	1%	

As can be seen in Tables XII, XIII, and XIV, the majority of the participants were employed full time, worked an average of 1 to 5 years in their positions and did not have a second job. However, it is also significant to note that 44% were employed two years or less and only 9 or 9% were employed more than 5 years with 15% holding a second or additional job.

TABLE XV
Range of Hourly Wages

HOURLY RATE	NUMBER	PERCENT	N= 100
$5.50 - $5.99	2	2%	
$6.00 - $6.49	3	3%	
$6.50 - $6.99	11	11%	
$7.00 - $7.49	17	17%	
$7.50 - $7.99	26	26%	
$8.00 - $8.49	3	3%	
$8.50 - $8.99	22	22%	
$9.00 - $9.49	1	1%	
$9.50 - $9.99	2	2%	
$10.00 - $10.49	1	1%	
$10.50 - 10.99	5	5%	
$11.00 - $11.49	2	2%	
$11.50 - $11.99	3	3%	
$12.00 +	2	2%	

Table XV indicates the range of hourly wages of the participants. The highest percents were in the $7.50 - $7.99 and $8.50 - $8.99 range which is also reflective of the demand for highly skilled employees at GAH (especially in such positions as nurses assistant and medical services) and the number of months/years of employment at GAH.

VI. PROJECT EVALUATION DESIGN

The Massachusetts Career Development Institute and Geriatric Authority National Workforce Literacy Project evaluation design followed the overall recommendation of Thomas G. Sticht, author of Evaluation National Workplace Literacy Programs (April 20, 1991) and MCDI's first year's evaluation format. For this evaluation the Project Director also requested that the evaluation incorporate any additional data on the following: Non-completion students if any, what are they doing now? Literacy gains, student reactions, principles, techniques and content learned, behavioral changes in job performance and results.

In addition to the descriptive data collection on the characteristics of the participants and the participant's jobs presented in the previous sections, the evaluation design incorporated measurements and outcome assessments in two major categories, Literacy Abilities and Work Productivity Indicators.

A. Literacy Abilities

Literacy abilities that were to be assessed included:

1. English Language Communication Abilities including listening, speaking, reading and writing skills.

2. Cognitive Processes including reasoning and problem solving abilities.

3. Content Knowledge including math skills, workplace, community and/or social knowledge related to functioning in the workplace.

4. Secondary Education leading to a High School Diploma or Equivalency (GED).

B. Work Productivity Indicators

Work productivity related indicators to be assessed were:

1. Ability to converse with supervisor, co-worker on job related instructions or directions, ability to read and write job materials, and general employment characteristics.

2. Attendance, work performance, productivity and job retention.

In order to measure literacy abilities and work productivity related to the MCDI-GAH Workforce Literacy Project measured outcomes for each category were identified.

C. Measured Outcomes for Literacy Abilities

The measured outcomes for literacy abilities included:

1. A minimum two grade level improvement in 75% or more of the participants as measured by the Test of Adult Basic Education.

2. A minimum of 85% of those eligible to take the GED examination will achieve the High School Equivalency.

3. A minimum of 85% of those eligible who take the State Nursing License Examination will pass and achieve the Nurses Aid License.
4. At least 85% or more will demonstrate average to above average trainee employment characteristics as measured by the student evaluation.

5. At least 85% or more will demonstrate improved self esteem as measured by the modified Self Concept Scale.

D. Measured Outcomes for Work Productivity

The measured outcomes for work productivity were identified as the following:

1. Trainee performance will include at least 85% or more who demonstrate average to above average employment characteristics as measured by the Trainee performance evaluation form.

2. At least 85% of Geriatric Authority of Holyoke employees will demonstrate improved productivity and quality of work as measured by supervisors evaluations and employee records.

3. A minimum of 85% or more of the participants will demonstrate the ability to get to work on time and on a regular attendance basis as measured by attendance records.

4. Employment records will demonstrate improved job retention and reduced employee turnover for literacy project participants and graduates.

VII. OUTCOME DATA AND ANALYSIS OF RESULTS

For one of the outcomes measuring literacy abilities, the pre-screened participants who were determined to be in need of basic education services were administered a pre-test. This test was the reading-comprehension section of The Test of Adult Basic Education. Post-testing utilizing the same test was administered approximately six months later. Table XVI provides a breakdown of the outcomes and results.

TABLE XVI
Test of Adult Basic Education English Language - Reading Abilities
Pre-Test and Re-Test Scores

NUMBER/PERCENT PARTICIPANTS	PRE-TEST GRADE LEVEL	RE-TEST GRADE LEVEL	DIFFERENCE
	Sept. 1993	August 1994	
100/100	voc 7.28	voc 9.84	+2.569 35.15%
100%	comp 8.09	comp 10.52	+2.439 30.14%
	total 7.62	total 10.17	+2.55 33.56%

As can be seen from Table XVI, all of the participants or 100% were pre-tested at the beginning of the project year and re-tested at the end of the project year. The participants' vocabulary grade level progressed from a pretest score of 7.28 grade level to a grade level equivalent to 9.84. This was a 2.57 grade level increase during this period. Similarly, the participants improved their reading comprehension grade level from 8.09 to 10.52. This was a 2.43 (30.14%) grade level increase.

In both instances the grade level increases exceeded the two grade level improvement established as the goal for this measured outcome. It also exceeded the projected goal of 75%, this was mainly due to the entry of many participants during the initial project period and the pre and post testing completions of participants who entered during this second year of the project.

Table XVII provides a breakdown of the next two literacy measured outcomes, namely the successful passing of the High School Equivalency Test (GED) and the Nurses Aide Examination for those participants evaluated as meeting the prerequisite requirements.

TABLE XVII
High School Equivalency (GED) and Nurses Aide Examinations

EXAM	NUMBER OF PARTICIPANTS	NUMBER PASSED	PERCENTAGE
High School Equivalency (GED)	0	0	0
Nurses Aide	2	2	100%

This year two (2) of the participants of the MCDI Literacy Project have been identified as being qualified and ready to take the Nurses Aide Examination. Both of these participants (100%) successfully passed this examination. As of this evaluation report, no participants have taken the High School Equivalency Examination (GED) which also has not been offered this year because of the greater focus on the job related curriculum and basic education requirements related to the job. In addition, there are approximately six (6) additional participants who are currently taking additional courses on a part-time basis in order to obtain eligibility to become Licensed Practical Nurses (LPN). Several other participants are expected to be eligible to take the high school equivalency in the next few months.

Developed by the Massachusetts Career Development Institute in partnership with the Geriatric Authority of Holyoke, a Student Evaluation Form was again utilized during this project period, in order to assess the outcomes of the basic literacy and work related curriculums. The project participants were evaluated on five core variables related to their job performance and the impact of their literacy educational training program. The five variables were phrased in the form of questions with a rating scale of one (1) to five (5) attached to each. One represented unacceptable performance or no improvement, three (3) represented average performance and five (5) was outstanding or exceptional. The five assessment variables were:

Does the student-employee follow direction better?

Has the student-employee's attendance at work improved?

Does the student-employee understand verbal instructions better?

Has the student-employee's required written work improved?

Has the student-employee's productivity increased?

Table XVIII provides the results of student evaluations on these questions.

TABLE XVIII
Student-Employee Performance Evaluation

TIME/DATES	NUMBER/PERCENTAGE OF PARTICIPANTS	AVERAGE SCORE
October 1993	101 of 105 96.2%	4.507/5 90.14%
August 1994	100 of 100 100%	4.733/5 94.66%

The student evaluation results indicate that the majority of the student employees achieved an above average to excellent rating as a group average in both the October 1993 (90.14% or 4.5 average score out of a scale of 5) and the August 1994 evaluation cycle (94.66% or 4.733 out of 5 average score). In addition, the goal of achieving 85% or more of the participants who achieved above average or better ratings was exceeded during the first testing cycle (90.14%) and increased during the second testing period (94.66%).

In order to assess the student employee's reactions and satisfaction with their Literacy in the Workplace program, and their work performance on the job, a student-employee satisfaction scale was added to the evaluation data form. A rating scale from not satisfied (1) to exceptionally satisfied (5) was utilized. Table XIX provides the overall results.

TABLE XIX
Student-Employee Satisfaction

TIME/DATES	NUMBER/PERCENTAGE OF PARTICIPANTS	AVERAGE SCORE
October 1993	101 of 105 96.431	4.30/5 86.0%
August 1994	99 of 100 99.00	4.49/5 89.8%

As can be seen from the results in Table XIX, at least 85% or more of the student employees' reactions to their program included ratings of at very satisfied or better. In addition, there was an increase of almost 5% (4.8) in overall satisfaction during the year. This is consistent with the anecdotal information and feedback from the majority of the student employees who appear to be generally most pleased with the work related content and practical application of the curriculum as well as the individualized attention and support provided by the staff.

The Massachusetts Career Development Institute's Trainee Performance Evaluation was an assessment tool utilized to measure both literacy abilities and productivity in the workplace. In addition to attendance, safety compliance, and comments relative to employee-trainee performance on the job and in the work related curricula, the supervisor was required to rate the employees performance on nine employment characteristics. The nine variables were:

Quality of Work

Initiative

Independence

Following Directions

Comprehension/Retention

Response to Supervision

Relationship with Coworkers

Attitude/Motivation

Employment Development/Rate of Progress

These characteristics were converted to a scaled score from zero(0) for needs improvement to two(2) for above average performance. Table XX provides the results of the Trainee Performance assessments of the MCDI-GAH Literacy Project participants.

TABLE XX
Trainee Performance Evaluations

TRIAL DATES	NUMBER/PERCENT OF PARTICIPANTS	SCALED SCORE	MEAN SCORE
October 1993	101 of 105 99.19%	83.63	1.67/2 83.70%
August 1994	97 of 100 97.00%	85.30	1.706/2 88.00%

As can be seen from Table XX, in the initial trainee performance evaluation 101 participants were evaluated and as a group they achieved a mean score of 83.70% or 1.67 out of 2. In the second testing cycle, 97 participants were tested and they achieved a mean score of 88% or 1.706 out of 2. The results of the two testing cycles are most consistent and are indicative of an average to above average rating for these project participants on the nine trainee performance variables related to their training, employment and performance on the job. In addition, the goal of 85% of the participants demonstrating average to above average ratings was surpassed with 97% achieving this goal by the end of this project year.

The relationship of self-esteem to literacy abilities and work performance and productivity has been one of the basic premises upon which the Massachusetts Career Development Institute in partnership with the Geriatric Authority of Holyoke, Inc. Literacy in the Workplace Project has been based. The theoretical assumption has been that as literacy skills improved so would work skills, work productivity and as a result enhanced self-esteem would be highly related to both.

In order to assess improvements in self-esteem, a modified version of the Tennessee Self-Concept Scale was again utilized during this project period. This instrument included 75 items in which the participant rated their responses in a Likert type scale from a valence of 1 disagree to 5 agree. Scoring was directionally corrected so that the higher the circled responses, the higher the self-esteem score. Only total scores were tabulated. Table XXI provides the results of the testing during this project year.

TABLE XXI
Modified Self Concept Scale

TESTING GROUP	PRE-TEST SCORE	RE-TEST SCORE	PERCENTAGE DIFFERENCE
	October 1993	Aug. 1994	
N = 101	2.88/5	—	—
N = 100	--	3.727/5	+16.94%

The results of the pre-test and re-test self-concept scores for both testing groups clearly show an increase in self-esteem. There was an average increase of 16.94% from 2.88 out of 5 to 3.727 out of 5 for 100 of the participants in the two testing cycles. This is an especially positive increase since some of the participants' later dates of entry into the literacy program where more time in the program may have benefitted them before retesting.

Attendance and retention were the final two measured outcomes for the productivity indicators which were to be assessed. These were assessed not just in terms of on the job performance but in terms of attendance and retention in the literacy program as a whole. Table XXII provides the results of the overall attendance and retention rates.

TABLE XXII
Attendance and Retention

FACTOR	PERCENTAGE LOSS	SUCCESS RATE
Attendance	2.84%	97.16%
Retention	0.81%	99.19%

The goal of the project was to achieve a minimum success rate of at least 85% in both attendance and retention. As can be seen in Table XXII, this rate was more than met (97.16% in attendance) and exceeded (99% in retention). Much of these exceptional success rates appears to be highly related to the MCDI-GAH Literacy Project's emphasis and insistence upon staff involvement, concern, empathic understanding and support for each individual participating employee in addition to the state of the economy and the employment retention efforts of GAH.

VIII. CONCLUSIONS AND RECOMMENDATIONS

With the completion of this project period, the Massachusetts Career Development Institute Literacy in the Workplace program in partnership with the Geriatric Authority of Holyoke Inc. has achieved some significant accomplishments as indicated by the following measured outcomes:

Established and implemented a Literacy in the Workplace program of services with clearly defined and measurable outcomes on literacy and worker productivity variables.

Exceeded an average two grade level increase in English Language -- Reading abilities.

Achieved an average 2.55 grade level increase in English Language -- Reading abilities for all of the participant employees.

Obtained a 100% success (pass) rate in employee participants who qualified and took the Nurses Aide examination.

Achieved an above average to excellent rating for 85+% of employee participants on trainee performance variables including ability to follow directions, understand verbal directions, improve written work, attendance and productivity as well as student-employee satisfaction.

Demonstrated employee performance improvements on nine worker-trainee variables including quality of work, initiative, independence, ability to follow directions, comprehension, response to supervision, relationship to co-workers, attitude-motivation, and rate of progress for over 95% of the participants.

Improved self esteem by an average of 16.94% for the total group of 100 participants as measured by a modified version of the Tennessee Self-Concept Inventory.

Obtained an exceptional attendance rate of 97.16% for the project period.

Eliminated turnover and obtained a retention rate of 97% for the project period.

The MCDI-Holyoke Geriatric Authority Literacy in the Workplace project has clearly demonstrated measured outcomes which positively reflect its success during this initial project period. The following recommendations are made with the intent of further enhancing and improving upon the demonstrated effectiveness of the project.

The MCDI-GAH project is to be commended for its vision, program implementation, and success in improving literacy in the workplace of its employee participants. The improvements in basic reading and comprehension are exceptional. It is recommended that consideration be given to further evaluating participants in related literacy abilities

such as math and problem solving including pre and post testing to both encourage and achieve similar results in these areas in the future.

The successful accomplishments of the participants who took the Nurses Aide examination is excellent. This reflects well on the careful preparation and education of the employees by the staff before the employee is considered ready or eligible to take the examination. Efforts should be made to assess the number of additional participants who need take the examination and its impact on workplace job performance, job promotions, salary raises etc. for those who successfully pass this examination.

The majority of the participants appear to be in allied health type positions. At GAH there is certainly a high need in these positions for the literacy project and the applied vocational education curriculum, methods and materials are most appropriate to these demanding positions. Expansion of the programming to increase meeting the literacy in the workplace needs of additional employees in such areas as recreation therapy, day activities department, clerical, maintenance and food services has been very good. Further recruitment of participants should be prioritized in identified areas of future need.

The curriculums in the job related areas (JRC) as well as Adult Basic Education (ABE) appear to be very well oriented to the actual job related tasks of the priorities at GAH. Testing instruments especially competency based performance instruments should however be further assessed, analyzed and developed for their validity in assessing job performance and competency.

The MCDI-GAH Literacy project has done well to schedule classes and services which meet the needs of the employer and employee to maintain a required regular work schedule. Additional literacy classes during this project period especially in such relevant topic areas as Team Building and Problem Solving, Death and Dying, Memory Loss and Stress in the Workplace have been provided. The project should continue to explore options such as individual or small group mentorships, and/or job coaching which might be utilized as additional supplements or alternatives to classes or work schedule conflicts.

Ongoing communication has been maintained between GAH and the MCDI Literacy project staff. This has included both regular meetings as well as various contacts between supervisors, staff, employees and the MCDI staff. Sustaining this communication network has once again been critical to the success of the project during this project period. Related activities such as the awards ceremony and certificates of accomplishment should be continued and enhanced through the existing mechanisms already in place.

The Student Evaluations and Trainee (employee) Performance Scale continue to be effective, efficient rating forms which are not too complex for the rater to utilize. However, consideration should still be given, to refining these instruments as well as the evaluation schedule and timetable to be better able to collect the evaluation data and

discriminate levels and areas of new worker skills and improvements in literacy as they relate to specific worker tasks, productivity and performance. The MCDI instructor and the GAH supervisor should independently complete the same evaluation form on each employee participant including both literacy in the workplace and related worker productivity factors.

Record keeping, data collection and case file information are generally hand recorded, maintained appropriately and confidentially. Some data such as basic intake information, results of pre and post tests of Adult Basic Education etc. might more efficiently and effectively be stored in a computer data base. Consideration should be given to computerizing this record keeping system in the future.

Once again the success of this year's project appears to have been integrally tied to the close, daily working relationship that has been maintained between the employee, the MCDI instructor and staff, and the GAH supervisor, employers and staff. This positive, caring and motivationally supportive environment also appears to have been highly consistent with employee improvements in self-esteem, as well as the exceptional attendance and job retention results. There should be further assessment in terms of a prototype model that may be replicated with other geriatric or similar allied health facilities where literacy abilities as related to employment and worker recruitment, productivity and performance are a major issue.